

Quarterly Report

National Network of Libraries of Medicine - MidContinental Region

February 1, 2005 - April 30, 2005

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Spencer S. Eccles Health Sciences Library
University of Utah

Submitted

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Network Programs

Administration

(For CE and Conferences attended by staff members see Appendix A)

The RML responded to questions on the Year 5 budget and resubmitted the budget documents to the National Network Office.

Personnel

Whitney Davison-Turley resigned her position as Technology Liaison. Her last day was February 25, 2005. Stephanie Weldon, Consumer Health Liaison, transferred from the RML position to a Reference Librarian position at Denison Memorial Library. February 28, 2005 was her last day. Laura Windsor started as the Kansas Liaison at the end of February 2005.

Barbara Jones, Network Membership/Missouri Liaison, hired Jennifer Wieman, a graduate student, as support staff. Ms. Wieman's responsibilities will include working with Network member records to ensure that they are current and correct.

Each year the liaisons are surveyed to determine how they are doing within their library and the RML environment. Betsy Kelly, Assessment and Evaluation Liaison, submitted a report summarizing liaison responses. There were a number of issues that were identified as problem areas for the liaisons. Some such as workload and support for each other's program areas had been identified in past surveys. Each of the issues was raised and discussed during a weekly staff meeting to determine ways we would address the problem.

Document Delivery Services

Nancy Woelfl, Director of the McGoogan Library of Medicine, resigned her membership on the EFTS Advisory Board. She was replaced by Sara Andrews, Head of InterLibrary Loan/Photocopy at McGoogan.

By mid-March there were sixty-one libraries in the region offering Link Out.

Ms. Jones produced three tutorials using Camtasia with the assistance of Marty Magee, Education/Nebraska Liaison. The three modules covered retrieval of reports, changing an institutional record, and changing people in an institutional record. They are available from the MCR and nnlm.gov web sites.

(<http://nnlm.gov/mcr/education/async.html>)

Ms. Jones trained the new liaisons from Kansas on the DOCLINE system. She discussed some of the problems they would encounter with Network members and the need to clean up records for the region.

Resource Libraries

Resource Library Directors met via videoconference on February 7 and April 4, 2005. The directors felt that quarterly meetings were not frequent enough and the meetings are now bimonthly.

Ms. Magee and Ms. Jones provided overviews of their project areas for the directors. Summaries of activities planned

for Year 5 and the mid-year RML Directors meeting were offered.

Personnel changes in Kansas and Colorado were announced. There was a question about switching special project areas among Resource Libraries in the next contract. This is a possibility and will be discussed at another meeting. The results of the liaison survey were reviewed.

Jim Bothmer, Creighton University Health Sciences Library, was sponsored by the RML to represent the region at the American Medical Publishers Association Meeting in Philadelphia. He provided highlights from the meeting.

Deborah Ward, J. Otto Lottes Health Sciences Library, suggested that perhaps Resource Libraries could review new e-resources and recommend whether they would be appropriate for regional licensing. Directors wanted to bring this idea back to their staff before committing their libraries.

The RML has a videobroadcast training program that teaches Resource Library staff to use portable equipment that can be loaned out in order extend participation in local events. This program has had little response. Claire Hamasu, Associate Director, asked the directors about the frequency of events that would be appropriate for broadcasting. It seems that there are few presentations sponsored by the Resource Libraries.

Libraries have been contacting Wayne Peay, Director, about how the distributed model plays out in the Resource Libraries. Mr.

Peay invited comments on managing the liaisons and how supervision and lines of authority work. Most liaisons report to the Director and are scheduled for regular meetings. The Directors contributed that the position requires time management and good communication skills to be successful.

NLM announced a new requirement for all Resource Libraries to participate in EFTS. The Directors agreed that this is not an issue in the region since all Resource Libraries currently use EFTS.

Following the mid-year RML Directors meeting when NLM announced that it was developing an emergency preparedness plan, library directors discussed whether to work on a regional emergency preparedness plan. All libraries have some kind of plan in place to get people out of the building and to salvage collections. Directors agreed to share their disaster plans, but were not interested in working on a regional plan. They felt that the preparation of such a plan would cost more than it would be worth.

Comment [EHSL1]: What?

Communications

The Digital Divide Network (<http://www.digitaldivide.net/>) allows the Bringing Health Information to the Community (BHIC) blog to be incorporated directly into its site, giving the BHIC blog a wider audience. There are times when BHIC posts will appear on the front page. (*For Blog Feedback see Appendix B*)

Publications:

Plains to Peaks Post Volume 3, Issue 4 was published. (<http://nmlm.gov/mcr/news/newsletter/index.php?vol=3&issue=4>)

Weldon, S. "Collaboration and Marketing Ensure Public and Medical Library Viability" *Library Trends*, vol 53, (3) 411 – 421.

Champ-Blackwell, S. "National Network of Libraries of Medicine provides health information in multiple languages" *What's Up*, 2005 Spring; 17(3)
(http://www.esu3.org/ectc/whatsup/wuspr05/wuspr05_health_NNLM.htm)

The winter issue of Wyoming *Library Roundup*, published by the Wyoming State Library, was a health issue. Mr. Peay and Mary Henning, Wyoming Liaison, were interviewed for an article on the Regional Medical Library; Network member services were featured in an article on medical libraries; and a patient with spinal stenosis told her personal story of using MedlinePlus. Copies of the issue were sent to the NNO Office and the MedlinePlus Team.
(<http://www-wsl.state.wy.us/roundup/Win2005Roundup.pdf>)

New or Updated Web Pages

Ms. Champ-Blackwell created a brief overview of the MCR and her role as Community Outreach Liaison using Camtasia. (<http://nnlm.gov/mcr/resources/community/flash/Untitled.html>)

Regional Advisory Board

Ms. Hamasu started the process of adding new members to the Regional Advisory Board for the next year. Liaisons made suggestions and a draft list was reviewed.

Evaluation and Assessment/Feedback

To facilitate creation of quarterly reports, a radio button was added to indicate the primary project area or focus of an activity entered by the liaisons in to the Activity Reporting System. Since an activity can address more than one project area, without this focus designation, a single activity was being duplicated under many project areas. Compiling monthly reports in order to produce a quarterly report for the National Library of Medicine is now much less laborious.

Ms. Kelly and Maryanne Blake (NN/LM Pacific Northwest Region) taught

"Measuring Your Impact: Using Evaluation to Demonstrate Value" to over fifty librarians in the New England Region on March 2, 2005. The class introduced logic models, evaluation plans, cost benefit analysis, return on investment and internal rate of return. Several hours of the class are devoted to assessing the community and the climate the librarian works in and matching library mission and goals to institutional mission and goals. Evaluations of the class overwhelmingly (though not unanimously) indicated that the content, while difficult, is important and useful for hospital librarians.

Ms. Kelly began analyzing Activity Reporting System data to determine whether overall RML goals were being addressed. She reviewed the comments for every activity, coding to characterize the type of activity. Codes included such things as training, information sharing, resource library, RML, NNO, visits, collaboration, relationships, etc. She then created a pivot table that summed the occurrence of each code related to each of the 5 RML goals. This is intended provide a picture of the types of activities that were conducted and the goals that are being addressed. It does

not, however, indicate whether the goals were achieved. That will be examined in the near future.

Planning started on the next Network Data Inventory to be administered in Year 5. Liaisons forwarded new questions to Ms. Kelly.

In preparation for the RML Directors meeting in May, the OERC sent out a series of questions to evaluate the progress of Public Health and Public Library Outreach in the region. [See Appendix C for responses] The RML was asked to gather activity in the region dealing with open access and scholarly communication. Liaisons gathered data from their libraries. Messages were sent to the region via the RML News and directly on the mcmla-l list. There were no responses resulting from these messages. Liaisons were asked to raise the questions at meetings of Network members. Intermountain Health Care in Utah has formed a committee looking at copyright. They will initially deal with the copyright of their own publications but intend to expand to issues that will open discussion to scholarly communication. No other feedback came from meetings.

Health Professionals Access to Information

Outreach to health professionals focused on nurses this quarter. Ms. Jones and Susan Centner, librarian for the Mid-Missouri AHEC, collaborated to provide ten trainings to nurses at Fitzgibbon Hospital in Marshall, Missouri. This instruction was aimed at helping the hospital achieve magnet status, and encouraging staff to pursue further professional education. Ms. Magee talked to forty-one University of Nebraska Medical Center nursing students about NLM resources suitable for research. Ms. Henning visited Valley View Rehabilitation and Care Center and met with Brenda Eaton, RN to

distribute NLM informational products and to promote the Wyoming Symposium. Ms. Eaton is in charge of staff education.

Ms. Magee presented ClinicalTrials.gov information in a plenary session at the National Institute of Mental Health Outreach Partnership Program 2005 Annual Meeting and held two open lab sessions. The presentation was web-streamed. There was one attendee from each state representing non-profit groups for mental health issues. This presentation was arranged by NLM.

Ms. Magee received this comment:

“...we received many positive verbal comments regarding your presentation and the NLM resources. A number of participants recommended that we invite a NLM regional librarian at future meetings.”

- Samantha Helfert, Outreach Liaison, NIMH Office of Constituency Relations and Public Liaison (OCRPL)

An archived version of Ms. Magee’s presentation is available at:
<http://videocast.nih.gov/PastEvents.asp?c=1>
- Day 2 - about 35 minutes into the program.

Network Membership

In April, Jennifer Wieman, Network Membership support staff, compared the membership list to the 2004 American Hospital Association (AHA) hospital directory. She identified hospitals that are not members and made a list of potential members to be contacted. She also compared DOCLINE entries with information on the membership list and began contacting institutions in Missouri with email addresses to verify their information. She then sent requests to the state liaisons to follow up with members who did not have email addresses. This effort is in preparation for the Network Data Inventory that will be electronically distributed to Network members.

Comment [EHSL2]: Who???

Visits to Network Members:

February 1, 2005	Heartland Regional Medical Center, Missouri
March 8, 2005	American Optometric Association, Missouri
March 8, 2005	American Association of Orthodontists, Missouri
March 8, 2005	Missouri Baptist Hospital, Missouri
March 22, 2005	St. Louis University, Missouri

Consortia meetings attended:

March 9, 2005	St. Louis Regional Library Group Ms. Jones provided a PubMed update.
April 8, 2005	ICON Library Consortium Ms. Magee presented an update on PubMed.
April 13, 2005	Health Sciences Library Network of Kansas City Ms. Windsor presented an RML update. She informed them about new features available on NLM resources (e.g., My NCBI) and about some of the technologies the RML is testing. She also spoke about membership and answered several DOCLINE questions.
April 20, 2005	Kansas Biomedical Librarians Ms. Windsor provided an NLM and MCR update, highlighting changes to PubMed, information on outreach services, and demonstrated My NCBI.
April 25, 2005	Utah Health Sciences Library Consortium Ms. Hamasu provided an RML Update and led a discussion on emergency planning.

New Network Members

Full Members:

None

Affiliate Members:

- Price City Library, Utah
- President Millard Fillmore Library, Utah
- Richfield Public Library, Utah
- Salina Public Library, Utah
- Middendorf-Kredell Branch Library, Missouri

Deactivated:

- Sigma Chemical Co. Library, Missouri.
The library had closed several years ago.
-

Awards

Ms. Jones and librarians from the J. Otto Lottes Health Science Library met with Alice Kuehn from the University of Missouri School of Nursing to consult on a proposed grant to NLM requesting funding to train public health nurses and school nurses on health science resources available online. Based on the librarians input, the proposal was revised to include the

resources and expertise offered by the Missouri Liaison and the MidContinental Region.

Ms. Hamasu participated in the monthly meetings of the Proposal Assistance Work Group. The group has redefined technical assistance. They thought that the original definition overly focused on the writing process, and that more guidance is needed on project development. They also added health sciences libraries to the organization list.

Outreach Programs

(OARF Summary - See Appendix D)

Consumer Health Information Services

Ms. Magee has been named a member of the Nebraska State Library Advisory Group.

At the end of February, Ms. Weldon organized the review of the Utah, Missouri and Wyoming applications for Go Local funding. Missouri and Wyoming have existing programs. Utah is starting a statewide Go Local service. Reviewers were Maggie Farrell, MCR Advisory Board Member, Ms. Kelly and Ms. Hamasu. Funding was awarded in April with each project receiving \$25,000.

Ms. Jones worked with Denice Adkins, Assistant Professor, University of Missouri School of Information Science and Learning Technologies. Ms. Adkins will be presenting Spanish language resources to public librarians in four locations throughout the state. Ms. Jones provided her with the Community Outreach trifold on health resources for minority populations. From her contacts, Ms. Adkins will refer to the RML public library systems and librarians who are interested in further training on health resources.

Siobhan Champ-Blackwell, Community Outreach Liaison, was invited back to the South Omaha Clinic to speak at the Lions Club meeting. She partnered with Teri Hartman, Education Librarian at McGoogan Library of Medicine, who talked about the library's Consumer Health Information Resource Service.

In March, Ms. Windsor reviewed the Kansas state library web pages. She asked them to remove an outdated health link and replace it with MedlinePlus. Once they were made aware of MedlinePlus they were very impressed and added it immediately. Ms. Windsor introduced herself as the new Kansas Liaison in a letter mailed in April to 141 Kansas public libraries. The letter mentioned RML activities, outreach efforts, and the quality of NLM products such as MedlinePlus. She also encouraged them to add a link to MedlinePlus on their web sites.

Ms. Windsor taught a class on quality health information at Garden City Community College in Kansas. The college has a computer lab which is reserved for senior citizens two afternoons a week.

At the end of the quarter, Ms. Magee met with the Nebraska Library Commission and the University of Nebraska Medical Center Consumer Health Information Resource Service to continue their discussion on the best ways to bring about cooperation between hospitals and public libraries in various Nebraska communities.

Public Library Site Visits:

February 1, 2005	Ms. Jones met with Patti Barsch, Assistant Director, East Hills Branch, St. Joseph Public Library to briefly explain the NN/LM and the resources and opportunities offered to her, as well as leave a membership brochure.
March 24, 2005	Ms. Henning visited Saratoga Branch Library to provide MedlinePlus hands-on training to library staff. She also promoted Wyoming GoLocal, the Wyoming Symposium and State Library resources.
April 19, 2005	Ms. Magee visited Schulyer Public Library
April 19, 2005	Ms. Windsor visited Paola Public Library
April 25, 2005	Ms. Windsor met with the Haskell County Public Library Assistant and talked about the NN/LM and consumer health information resources, and demonstrated MedlinePlus.

Public Health

Ms. Hamasu attended the April Partners in Public Health Steering Committee Meeting.

Ms. Magee trained staff at Boone County Public Health Department on consumer health information. There will be at least one more class scheduled to cover the public health resources. Molly Youngkin, Public Health/Utah Liaison, provided a demonstration on information resources and library services to the Surveillance, Evaluation, and Epidemiology Data Group (SEED). This presentation was arranged by Dr. Brenda Ralls from the Utah Department of Health Diabetes Prevention and Control Program, as a result of a contact made at the Utah Nurses Association conference.

Ms. Youngkin made a site visit to the Bear River Health Department in Logan, Utah

with Karalee Atkinson from the Utah Department of Health's (UDOH) Training and Education Center and Sherri Evershed of the University of Utah's Telehealth Network. The three agencies are visiting all the public health departments in the state to introduce their services. During this visit, Farrin Wiese, Health Educator, requested that Ms. Youngkin return and provide training during a "retreat" he is organizing.

MLA's teleconference, "Partnering for Public Health: Information, Librarians, and the Public Health Workforce" was held on March 9, 2005. Ms. Youngkin contacted UDOH to publicize the teleconference and the University of Utah public health program to publicize it among the students and faculty in the program. In Kansas, the RML funded the broadcast for area librarians, which included Network members and two public library staff from Johnson County Public Library.

Community Outreach

Ms. Champ-Blackwell added revised versions of the minority resources trifolds to the NTCC site where they were highlighted under "What's New."

In February, Ms. Jones met with Dr. Karen Edison and Gwen Ratermann from the Center for Health Policy at the University of Missouri. She provided a brief overview of the NN/LM program and health information training in Missouri. The Center for Health Policy is collaborating with Washington University in St. Louis to confront statewide health care discrepancies in rural and urban areas. At this point, the center is gathering information and making connections with people and organizations that will be able to join and work together to address gaps and inadequacies in health care services in the state. The RML was added to the list of programs that will be utilized as the center develops.

Ms. Champ-Blackwell heard from Captain Ed Galan, Regional Minority Health Coordinator, DHHS, OPHS, Office of Minority Health, that the expected Regional Minority Health Conference is not being supported by his administration and so it has been indefinitely postponed. At the same time, Capt. Galan requested help on locating examples of collaborative partnerships that bring together many different racial and ethnic groups to help in the fight against health disparities. Ms. Champ-Blackwell emailed him the link to the Community Based Health Information Outreach Symposium, highlighting some of the articles and suggesting that he look over the poster abstracts and watch Eugenie Prime's keynote address.

ACT is a group sponsored by Omaha's Catholic Charities with meetings hosted by a member organization. April's meeting was hosted by Creighton University's Health Sciences Library. As host, Ms. Champ-

Blackwell informed the group about the NLM, NN/LM, MCR, and her role as Community Outreach Liaison.

Ms. Champ-Blackwell mailed out postcards in March to the National Association of Community Health Center clinics in the region. The postcards introduce the MCR and promote our training service. Liaisons have been assigned to follow up and provide at least one training session by year's end.

Native American Outreach

During the quarter, Ms. Kelly and Ms. Hamasu attended regularly scheduled meetings of the TC4C grant planning group to come to a consensus on the project to be proposed for an NLM Translational Informatics Grant. They reviewed and commented on the many versions of the proposal. In April, drafts of the proposal were shared with the library directors in Arizona Colorado, New Mexico, and Utah, as well as an external review group made up of individuals working in Native American health care.

In March, Ms. Hamasu traveled with Pat Bradley, Tribal Liaison at the University of New Mexico, to administer the TC4C needs assessment instrument to health care providers at Tuba City, Arizona. The Director of Nursing was their contact and provided active support by introducing them to staff at the different units. Twenty-one providers were interviewed during the visit.

Technology Awareness and Integration

As a member of the Distance Learning Task Force, Sharon Dennis, Technology Coordinator, reviewed the final draft of their report.

Thomas Gibbs, Technology Liaison, worked on developing the RML archive in DSpace. He investigated the types of metadata that the archive would require and placed several test documents in the archive.

In February, Ms. Dennis investigated importing the BHIC blog to WordPress on the NN/LM server. The blog currently resides on the Eccles Library server using the MovableType software. There has been a problem with many spam comments being posted to the blog, and this version of MovableType does not allow comments to be turned off. However, WordPress does not have a user notification feature which is required by the Community Outreach Liaison for this blog. The blog will remain on MovableType. Ms. Dennis decided that WordPress would be appropriate for an RML blog news system.

Ms. Dennis tested Logitech QuickCam 4000 Pro cameras with Breeze and VRVS. The cameras worked well and had no configuration problems. These cameras will be sent to the Resource Library Directors to use in their bi-monthly meetings with Breeze. She also installed and tested a Verizon wireless modem. Installation was in several steps, but was not difficult. The modem worked well in the Eccles Library and in other parts of Salt Lake City. The speed is slightly slower than broadband speed but much faster than a 56K modem. This modem will be used by the liaisons during exhibits.

The mini-mobile unit has now been mounted in a case with most of the components pre-configured. This makes setting up the unit a very fast and easy process that should make it much easier for Resource Libraries who want to broadcast events. In April, Ms. Dennis trained the Creighton library team to use the mini-videobroadcast unit. Creighton has divided into two teams: an equipment set-up team and a broadcast team. During the first session, three participants from Creighton, as well as Mr. Gibbs, were trained on the use of the RealProducer software for archiving and broadcasting.

During the second session, Mr. Gibbs and four participants from Creighton were trained on the equipment set-up. Ms. Dennis then provided training on the unit at University of Missouri-Columbia. Activities during the two days included: a streaming media overview lecture; hands-on mini-mobile unit set-up and software session (participants included Ms. Jones); a Breeze demo offered by Susan Roberts from the Eccles Health Sciences Library; and discussions about appropriate technology applications for meetings and workshops.

Education

The Search Strategies CD was sent to Edwina Theirl at the University of Kentucky Chandler Medical Center Library.

Ms. Magee arranged for four other librarians and herself to give a presentation on medical librarianship and the NLM to thirty-six University of Nebraska at Omaha/University of Missouri Special Libraries class students.

Ms. Magee purchased an additional twenty "books" for the netLibrary collection focusing on administration, strategic planning, evaluation, and marketing. Borrowing from the collection has gone down over the last two quarters. (See Figure 1)

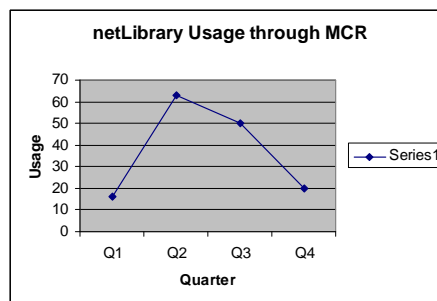


Figure 1

Exhibits and Presentations at Meetings

Event	Date Place	Name	Comments
<i>National Meetings</i>			
National Student Nurses Association Annual Conference	April 7-9, 2005 Salt Lake City, UT	M. Youngkin, C. Hamasu, John Bramble	
<i>Local/Regional Meetings</i>			
Tri-Conference - Kansas Library Association (KLA), Kansas Association of School Librarians (KASL), and the Kansas Association for Educational Communications and Technology (KAECT)	March 30, 2005 Overland Park, KS	L. Windsor	
"Neuro Occupational Expo" - an interactive educational fair on drug and alcohol abuse prevention - for sixth graders from four area schools.	February 11, 2005 Omaha, NE	S. Champ-Blackwell	This was an event sponsored by Creighton University's Occupational Therapy Students in conjunction with the Four Hills Wellness Center of the Omaha Tribe.
UNMC McGoogan Library of Medicine Tech Fair	March 8, 2005 Omaha, NE	M. Magee	Ms. Magee demonstrated updates on PubMed.
North Omaha's Black Family Health and Wellness Association Health Fair	March 12, 2005 Omaha, NE	S. Champ-Blackwell	This is a big draw for low income people of color, primarily African Americans in Omaha. Over 700 people attend each year. 104 people spoke with Ms. Champ-Blackwell at the booth.
Show Me Summit on Aging and Health	March 14-15, 2005 Branson, MO	B. Jones	Ms. Jones exhibited. There were 750 attendees.

Event	Date Place	Name	Comments
Cambio de Colores Conference	March 29-April 1, 2005 Columbia, MO	B. Jones	This event was sponsored for individuals and groups studying or working with the Latino population in Missouri. There were 210 attendees. Ms. Jones presented one breakout session training and 3 learning station presentations on MedlinePlus.
Nebraska Academy of Physicians Assistants meeting	April 15-16, 2005	S. Champ-Blackwell	Ms. Champ-Blackwell presented and exhibited. As a result of the classes offered, the RML has been invited back to next year's meeting. Approximately 250 attendees
Bioterrorism Symposium	April 20, 2005 Norfolk, NE	M. Magee	There was such low attendance at this meeting that Ms. Magee stayed only one day.
"Sharing Our Best" conference for Developmentally Disabled	April 27, 2005 Beatrice, NE	M. Magee	Ms. Magee presented and exhibited. Attendance was approximately 1200 people, 45 attended the presentation.
Minority Health Committee Data Forum - a pre-conference of the larger 5th Annual Rural Health Conference April 28-29.	April 27, 2005 Casper Wyoming.	M. Henning	A snowstorm limited the number of attendees for both meetings, but this also worked to allow more one-on-one conversations with healthcare professionals and presenters.
Nebraska AIDS Project Conference	April 28, 2005	S. Champ-Blackwell	Ms. Champ-Blackwell presented and covered ClinicalTrials.gov, AIDSInfo, and other AIDS related web sites. There were 15 people attending the session.

Appendices

Appendix A

CE & Conferences

Attended by NN/LM MCR Staff

Title	Date	Name
Joint Meeting of MLGSCA and NCNLMG Chapters	February 2-5, 2005	C. Hamasu
MLA Public Health Satellite Conference "Partnering for Public Health: Information, Librarians, and the Public Health Workforce"	March 9, 2005	L. Windsor, T. Gibbs, M. Youngkin, C. Hamasu
Advanced EndNote training	March 15, 2005	L. Windsor
"Developing an Abstract for Professional Papers"	February 4, 2005	M. Henning
"Producing a PowerPoint Poster"	February 18, 2005	M. Henning
Cochrane database training	February 18, 2005	M. Henning
"Improving Presentation Skills"	March 4, 2005	M. Henning
College of DuPage teleconference: Consumer Medical Resources	April 11, 2005	M. Henning
College of DuPage teleconference: Marketing	April 18, 2005	M. Henning

Appendix B

Blog Feedback

March 15, 2005 "Thanks so much. This is so great. I sent the low lit article out to our coalition this morning, and one member already sent it to all DC public librarians." Ina Steiner of AuctionBytes.com "I found the uninsured-week post in your blog and put it in last Sunday's this & that column, plus sent it to my friend, excellent resource."

April 5, 2005 I was in touch with you a few months ago when I first came on as a VISTA grantwriter at Macy Senior Citizens Center. I just want to give you some positive feedback. I use your webpage on a regular basis and I find it the single, most useful website I visit in my work researching for grants. I've recommended the link to VISTAs on other reservations. I'm sure it takes a lot of work to keep up your website and I just wanted to let you know that your work is appreciated. Have a good day.

Ms. Champ-Blackwell, Congratulations! Now seems like the most appropriate time to thank you for your amazing work on BHIC. I am the Arizona Hispanic Center of Excellence (AHCOE) Services Librarian (newly appointed) and rely heavily on your for current and extremely relevant postings. Our AHCOE team greatly appreciates the information I forward. The information is critical to our AHCOE mission and success. Again, THANK YOU! Sincerely, Arizona Health Sciences Library, University of Arizona, Tucson

Great – you really are a Mover and Shaker. Some of us really use your info and blog to know what is happening Jonah M Deppe This info (4Parents and Medline) is timely for me and OneWorld. I am just completing a grant application for OW on Adolescent Family Life which is to address teen sexuality issues and pregnancy prevention.

Appendix C

Progress with Public Libraries Initiative

Progress with Public Libraries Initiative March 2005

The Public Libraries logic model suggests activities by the RMLs to increase confidence and skill of public librarians in answering health-related questions (see Objective 2). NLM contracted with Jo-Ann Benedetti to develop a flexible set of training modules. The questions below specifically address use of these modules.

1. Please estimate the number of training sessions conducted by RML staff in your region that have used or adopted the health information modules developed by Jo-Ann Benedetti. Note: The estimate should represent use/adoption of the training modules by RML staff only (and not also by Network members), since estimated use by Network members could be difficult to determine.

Answer: Seven sessions. Two modules that were taught were “Looking in all the Wrong Places: PubMed for Public Librarians” and “Prescription for Success: Consumer Health Information”. Parts of “From Snake Oil to Penicillin: Evaluating Consumer Health Information on the Internet” were used to develop a workshop on complementary and alternative medicine.

- a) Please describe how your RML has been able to conduct Public Libraries outreach with the training modules. (Please list 1-2 of your most successful strategies.) For any strategies listed, please explain what made them so successful. If you have no examples to report, write "none."

Answer: The modules were promoted to library groups and systems that offer CE and at conferences where enough librarians gather to make offering the workshops worthwhile.

2. Please add any comments you have about the Public Libraries training modules.
 - a) The time needed to teach the modules is less than estimated when the participants have stronger search skills than the modules assume.
 - b) The modules are also appropriate for other types of librarians (i.e. high school and junior college librarians).
 - c) The modules require modification to suit the instructors teaching style.
 - d) The modules are good.
 - e) The modules serve as an excellent source when developing other consumer health information workshops.

3. The [Public Libraries logic model](#) suggested activities to encourage relationships between public libraries and community health information partners (see Objective 3). The [Public Libraries and Community Partners Web site](#) (<http://nnlm.gov/libinfo/community/>) was developed as a resource for public libraries.

Please describe any examples of ways public libraries in your region have benefited from this resource.

Answer: No examples. Liaisons have shared the site, but didn't know whether libraries have used the resources. In Colorado there is some public library/community partnering going on, but it's not known whether the resources on this site were used to establish the partnership. The consensus is that people in the region have not really discovered the page yet. The web site will be useful as the Nebraska Library Commission encourages alliances between public libraries and health sciences libraries to increase the projects eligible for the NCLIS award.

Please list RML positions (titles) of those who participated in completing this survey (including yourself).

Answer: Consumer Health/Colorado Liaison, Wyoming Liaison, Public Health/Utah Liaison, Network Membership/Missouri Liaison, Kansas Liaison, Education/Nebraska Liaison, Associate Director

Progress with Public Health Initiative

March 2005

Background

During Year 2 of the NN/LM contract, two task forces formulated logic models for [NN/LM outreach initiatives to public libraries and public health agencies](#). The underlying goals of these initiatives are to increase awareness, skill and access to NLM resources and needed health information by public librarians and the public health workforce. The purpose of this survey is to assess progress on selected aspects of these logic models. Results of this survey will be compiled and reported, along with other evaluation data collected via the Outreach Activity Reporting Forms and the Participant Information Sheets, at the RML Directors' meeting May 14 in San Antonio.

Questions

The [Public Health logic model](#) suggests activities by the RMLs to facilitate relationships and collaboration between health sciences libraries and state public health agencies (see Objective 3). The questions below specifically address these activities

1. Please list by title and agency (e.g., public health coordinator, state department of public health) the contacts your RML has made at state public health agencies or departments in your region since May 1, 2001.

Steve Holloway
Director, Professional Education
Colorado Department of Public Health
and Environment
Denver, CO

Phyllis E. Bourassa
Colorado Dept. of Public Health and
Environment
Public Health Education & Training
Denver, CO

Michelle Hansen, MS, RD, CDE
Health Systems Coordinator
CO Diabetes Prevention & Control
Program
Colorado Department of Public Health
and Environment
Denver, CO

Kay Juricek
Human Resources (used to be the
librarian)
Colorado Department of Public Health
and Environment
Denver, CO

Judy McCree Carrington, Program
Coordinator
Turning Point Initiative
Colorado Dept. of Public Health &
Environment
Denver, CO

Pat Rotharmel
Fetal Alcohol Syndrome Prevention
Coordinator
Colorado Department of Public Health
and Environment
Denver, CO

Debra Hamilton, RN, MSN, CCM
Community and Family Health Division
Wyoming Department of Health
Cheyenne, WY

Ross Doman
Public Information Officer
Wyoming Department of Health
Cheyenne, WY

Lois Haggard, PhD, Director, Office of
Public Health Assessment
Utah Department of Health
Salt Lake City, UT

Jana Kettering
Public Information Officer
Utah Department of Health
Salt Lake City, UT

Sharon Talboys, MPH
Training and Education Project Director
Bioterrorism and Emergency
Preparedness
Utah Department of Health
Salt Lake City, UT

Karalee Atkinson, MA
Distance Learning Coordinator
Training & Education Center
Bioterrorism and Emergency
Preparedness
Utah Department of Health
Salt Lake City, UT

Raul Garcia, BS
Training Coordinator
Training & Education Center
Bioterrorism and Emergency
Preparedness
Utah Department of Health
Salt Lake City, UT

Chris Crinch
Director Regulatory Services
Utah Department of Agriculture and
Food
Salt Lake City, UT

Nettie Grant Sikyta
Native American Health Liaison
Office of Minority Health and Human
Services
Lincoln, NE

Richard Raymond, MD
Chief Medical Officer
Nebraska Health and Human Services
Lincoln, NE

Joan Schaefer, MD
Deputy Chief Medical Officer
Nebraska Health and Human Services
System
Lincoln, NE

2. Please describe the most successful strategy or experience your RML has had in helping to facilitate relationships between library service providers and state public health agencies. [For any strategies reported, please explain what made them so successful.](#) If you have none to report, please write "none."

Answer: The most successful NN/LM MCR experience working on a library/public health project has been the Online Public Health Library (OPHL) project. This was a collaboration among the Spencer S. Eccles Health Sciences Library, the Utah State Library Division, the Utah Department of Health and the NN/LM MCR. The project is a success due to the active participation and understanding of all parties involved with the common goal of providing better and more universal access to public health documents.

Public health documents residing on the UDOH server have a link in the Eccles Library online catalog. There is a library created search engine on the UDOH server for searching these documents more easily. Currently, the Utah State Library Division is exploring the use of DSpace to archive these documents for future use. There are also plans to move this project to other states within our region.

3. In your experience, what do you think are the biggest barriers to facilitating relationships between state public health agencies and library service providers?

Answer:

(applies to state OR local workers)

- Lack of “time” on the public health workers part to explore information resources or organizations/partners that can provide health information.
- Lack of interest on the public health worker’s part. If it doesn’t impact the work of the public health person directly, they may not be interested. Point of need is important.
- Lack of an information professional in the work environment. No one to consult on information access issues. It has been noted that a full-time professional could be kept busy with negotiations, identifying potential partners, instructing public health workers on resources, etc.
- Public health workers not realizing the information they don’t know. Those operating in a small public health agency with little training may not know what they are missing.
- Competition to be on a program. Even though a NN/LM information professional applies for “presentation time” on a public health program, workshops can be rejected due to many prospective presentations. Preference can be given to those that award CE credits for public health workers.
- There is the possibility of staff turnover within health departments. Staff turnover can mean losing a vital contact after an activity is underway. (more for local workers)
- In Kansas a big barrier is the decentralized nature of the public health sector. There is no umbrella organization that can serve as a base for the state liaison. The local health departments offer information and resources for the public health workers, but they all “do their own thing”. The state liaison will have to work with individual health departments to set activities and goals and this is a problem with time and distance.

The [Public Health logic model](#) suggests activities by the RMLs to increase confidence and skill of the public health workforce in finding needed health information (see Objective 2). A subgroup (led by and including members of NLM's Partners' initiative) developed training modules for librarians to adopt or use in health information skills classes for the public health workforce. The questions below specifically address use of these modules.

4. Please estimate the number of training sessions conducted by your RML staff where the Public Health training modules were used or adopted. Note: The estimate should represent use/adoption of the training modules by RML staff only (and not also by Network members), since estimated use by Network members could be difficult to determine.

Answer: The NN/LM MCR have had several opportunities to provide various types of demonstrations and one-on-one training with public health workers. Most sessions have demonstrated the NLM resources found in the public health training module, "Finding Information For Others: Health Education Resources". This particular module covers such resources as PubMed, the Partners web site, and MedlinePlus, which are often provided in presentations. Two other distinct occurrences of using a training module are mentioned below.

5. Please describe how your RML has been able to conduct Public Health outreach with the training modules. (Please list 1-2 of your most successful strategies.) [For any strategies reported in question 6, please explain what made them so successful.](#) If you have no examples to report, write "none."

Answer: Catherine Selden's (NICHSR) chapter "Finding Public Health Statistics and Data Sources" was used in a short presentation (1.5 hrs) on research design methods for public health students of the University of Utah public health program. This presentation in Salt Lake City on January 26, 2005 informed 26 masters and PhD level public health students about the manual and about the Partners web site. Catherine Selden's chapter was also used in a short presentation to several public health data researchers at the Utah Department of Health, Salt Lake City, on March 2, 2005.

6. Please add any comments you have about the Public Health training modules.

Answer: For the research design class on January 26, 2005 at the University of Utah public health program, the students enjoyed having a module or chapter devoted to their particular area of interest, finding authoritative statistical sources and data sets.

Answer: The chapters/modules on "best evidence" and "data resources" have been very useful because the modules pull the resources into one place for easy accessibility. The information is very good, but the modules are too long.

Appendix D

MidContinental Region OARF Summary

Outreach Activities Conducted by MCR RML Staff

RML Q4, 2004-2005

Generated: Tuesday, November 22, 2005

58 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

Total number of estimated participants:	576 participants
Average number of participants:	9.93 per activity
Average length:	1.40 hours
Under 1 hour:	15 activities (25.86%)
Between 1 and 2 hours:	38 activities (65.52%)
Over 2 hours:	5 activities (8.62%)
Hands-on practice:	21 activities (36.21%)
Conducted remotely:	1 activity (1.72%)
Offering continuing education:	10 activities (17.24%)
Significant number of minorities:	3 activities (5.17%)

Type(s) of Organization(s) Involved in Activities

Health sciences library:	56 activities (96.55%)
Public library:	8 activities (13.79%)
Government agency:	15 activities (25.86%)
Hospital:	23 activities (39.66%)
Clinical/Health care:	12 activities (20.69%)
Academic Institution:	58 activities (100.00%)
Community-Based:	6 activities (10.34%)
Faith-Based:	2 activities (3.45%)
Public Health Agency:	7 activities (12.07%)
Other:	5 activities (8.62%)

Session Content

PubMed:	38 activities (65.52%)
MedlinePlus:	47 activities (81.03%)
ClinicalTrials.gov:	12 activities (20.69%)
NCBI:	4 activities (6.90%)
NLM Gateway:	3 activities (5.17%)
TOXNET:	8 activities (13.79%)
Other technology content:	27 activities (46.55%)
Other, non-technology content:	17 activities (29.31%)

Significant Minority Population Present

($\geq 50\%$ of participants)

African American:	1 activity (1.72%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	0 activities (0.00%)
Hispanic:	2 activities (3.45%)
Native American:	1 activity (1.72%)

503 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

Activities at which PI sheet collected:	58.6%
Health care or service providers:	208 participants (41.35%)
Health science library staff members:	45 participants (8.95%)
Public Health worker:	14 participants (2.78%)
Public/Other library staff members:	46 participants (9.15%)
Members of general public:	191 participants (37.97%)



Appendix E
Subcontractor Quarterly Reports

Quarterly Report

Name of reporting institution:

Community Hospital Library
Janet Nelson, Library Director
2021 North 12th Street
Grand Junction, CO 81501

Project: Community Sharing Library Resources

Name of person submitting report: Janet Nelson, Library Director

Email address: jnelson@gjhosp.org

Telephone number: 970-256-6209

Reporting Period start date: 01/01/05

Reporting Period end date: 03/31/05

Publicity:

Demonstrated online catalog to hospital nursing staff (included in presentation on using our library resources for patient education) on 2/28/05, 03/01/05, and 03/04/05

We have changed the location of the library link button on our hospital's website so it is more visible and comes up on the first "screen" of the website, rather than having to scroll down as was previously the case.

Outreach: None

Other accomplishments:

- Received notification of grant award from University of Utah 1/3/05
- Purchased database access from Cybertools for Libraries
- Serials records transferred from DOCLINE and live in the catalog as of 1/24/05
- Account initialized with Cybertools on 1/24/05
- Began entering data on 2/4/05
- Over 500 records have been entered as of 03/31/05, 1/4 of our collection
- Linked from hospital website to catalog on 02/28/05

Target audience:

Our target audience was consumers in our library/hospital region who are searching for health information and local/regional public library reference staff. This population needed also to include our hospital's staff partners, particularly nurses, who spend a great deal of time involved in patient education. They were not originally identified, but were our first group to be trained in using the online catalog and will continue to be trained in utilizing the catalog, MEDLINEPlus, and our other library resources as opportunities to participate in nursing education are available.

Goals, Outcomes, Objectives:

Needs of the audience to access our available resources remain the same. The insights have included broadening our target audience to include not only our hospital's nursing partners, but also physician partners and their office staff members for patient education purposes.

Timeline submitted with the grant application was not accurate, as it initially began in Sept. 2004 and we did not receive official notification on the success of the application until 01/05.

Expected outcomes are still feasible, with modifications to the timeline.

Evaluation: None

Impacts and Observations:

Only verbal responses have been received so far - since the majority of our records have not yet been entered. Training on use of the catalog has been internal only (hospital nursing partners and consumer health patrons who use our website and come into the library) have commented that the catalog is easy to use and is "great" to have it available from the website.

Planned Activities:

Invite local public library reference staff and other local hospitals' library staff members to tour the library and view catalog July 2005.

Training of physicians at a CME meeting has been requested by the physician chairman of CME committee to be included with a class on searching PUBMED (date will depend on availability of space on CME calendar)

Quarterly Report

Name of reporting institution:

Dixie Regional Medical Center
Pamella Asquith, Medical Librarian
1380 East Medial Center Drive
St. George, UT 84790

Project: Information Resource Training for Nurse Interns

Name of person submitting report: Pamella Asquith

Email address: pamella.asquith@ihc.com

Telephone number: 435-251-2459

Reporting Period start date: 01-01-2005

Reporting Period end date: 03-31-2005

Publicity:

DRMC has decided to allow 60 places for Spring 2005 newly-graduated nurse interns. Nurse educators are interviewing prospective candidates, at about 1 hour per interview, a very time-consuming process.

Outreach:

On 18 January, at the Labor and Delivery monthly department meeting (attendance 20), the Medical Librarian gave a short in-service training on how to use databases from the library homepage. Staff was informed about the project in progress.

On 28 January the Medical Librarian gave an online databases tutorial to Southern Utah University 20 students currently enrolled in nursing programs doing their clinical rotations at DRMC. Students were informed that if they became employees of DRMC, that the project would be happening.

Other accomplishments:

In February, the Medical Librarian attended a teleconference on WebJunction on "Demonstration of the Impact of Libraries and Library Services" to get ideas about how to publicize the results of this project.

In February, the Medical Librarian participated in the HEalth Fair at DRMC and mentioned the project whenever appropriate.

Target audience: No changes

Goals, Outcomes, Objectives: Outcomes are still feasible.

Evaluation: Not applicable as pf yet.

Impacts and Observations: Not applicable as of yet.

Planned Activities:

Mid-May the Medical Librarian will attend the Medical Library Association conference in San Antonio and do a poster session on the Library Corners (dedicated computer workstations on the floors of the patient towers of DRMC for point-of-patient-care information access- that were set up as part of the preparation infrastructure of this project.

The group of 60 nurse interns will be arriving in June and then all activities will begin in earnest.

Quarterly Report

Name of reporting institution:

John F. Reed Library
Fort Lewis College
1000 Rim Drive
Durango, CO 81301

Project: Consumer Education Outreach with an emphasis on Native American Outreach

Name of person submitting report: Myoung Fry

Email address: fry2_m@fortlewis.edu

Telephone number: (970) 259-1871

Reporting Period start date: February 1, 2005

Reporting Period end date: April 30, 2005

Publicity:

Brochure and webpage: the same as before.
Evaluation was created.

Outreach:

- Fry offered training for their personnel at the Ignacio Health Clinic on the Southern Ute reservation.
 - Fry updated Native American resources on the web site adding other useful website presented by Stephanie Weldon, Outreach Coordinator.
 - The project leaders from the three organizations met and discussed the progress this outreach collaboration.
 - Class evaluations were distributed to Durango Public Library from outreach sessions and the website will continue to be gathered and evaluated.
- FLC students became more aware of online consumer health webpage through Library Research Methods class, which is a required course.

Other accomplishments:

Plan to apply further grant to Ute Mountain Foundation to improve library's consumer health collection.

Target audience:

Most of audience was Public librarians, FLC librarians, and other health professionals from Ignacio Health Clinic and Mercy Medical Center in Durango.

I found a few links were broken and the webpage desperately needs to be updated.

Goals, Outcomes, Objectives:

Equipment did not work very well since each organization has different ways to access Internet. It was the most frustrating moment, and I will be better prepared next quarter.

Evaluation:

Health information training was announced in the SWRLSS usual training schedule throughout the award period in order to reach the widest possible audience. Fry gave a training session when possible to a group of public librarians at Durango Public Library in Durango, Colorado.

- FLC has a Navajo speaking librarian who was present at preliminary meetings, discussed a possibility of presenting a class, and she will help students using the new consumer online resources webpage.

Impacts and Observations:

Most of audience was pleased with the webpage, and there will be more opportunities that our consumers will make use of this webpage.

Planned Activities:

Unfinished Business:

Fry will contact the Towaoc Library on the Ute Mountain Ute reservation, and she is planning to visit the library and have a presentation.

FLC plans to offer training to FLC students and the general public on consumer health databases. Students often are a successful conduit for getting information to Native American families and thus are key recipients of consumer health training.

Consumer Health Education

Name: _____

Date: _____

Speaker(s): Myoung Fry, MLIS

Title: Consumer Health

Please help us serve your educational needs by filling out this questionnaire. Check one box for each category.

5=excellent, 4=good, 3=average, 2=fair, 1=poor

Rating:	5	4	3	2	Course 1
a. Organization	_____	_____	_____	_____	_____
b. Quality of AV materials	_____	_____	_____	_____	_____
c. Practical applicability	_____	_____	_____	_____	_____
d. Quality of handouts	_____	_____	_____	_____	_____
e. Consumer Health Website	_____	_____	_____	_____	_____
Speaker:					
a. Content	_____	_____	_____	_____	_____
b. Presentation Skills	_____	_____	_____	_____	_____
Facility:					
a. Meeting room	_____	_____	_____	_____	_____

Overall:	5	4	3	2	1
How successful was the program in meeting your expectations?	_____	_____	_____	_____	_____
How well do you feel the program met stated objectives?					
1. Learn to use various medical databases: Pubmed	_____	_____	_____	_____	_____
2. Learn to use various patient education databases: MedlinePlus, HealthFinder, and Cancerlit.	_____	_____	_____	_____	_____
3. Learn to use Consumer Health Library Webpage.	_____	_____	_____	_____	_____

How will the information presented change the way you change practice medicine or deal with consumer health?

Please share any other comments/suggestions you may have.

Quarterly Report

Name of reporting institution:

Johnson County Library
Tim Rogers, Associate Director of Operations
Box 2901
Shawnee Mission, KS 66201

Project: JoCo Health.net Community Resource Database

Name of person submitting report: Tim Rogers

Email address: rogerst@jocolibrary.org

Telephone number: 913-495-2459

Reporting Period start date: 01-01-2005

Reporting Period end date: 03-31-2005

Publicity:

Although publicity and promotional activities were completed for JoCoHealth and MedlinePLUS in general, specific publicity and promotional activities for the NN/LM funded community resource database were not conducted as we are still in the development stage of our project.

Outreach:

Although we presented JoCoHealth and MedlinePLUS at local health fairs and as part of the library's exhibit at the Kansas Library Association's Tri-Conference booth, no specific outreach activities or exhibits were presented featuring the NN/LM funded community resource database as we are still in the development stage of our project.

Other accomplishments:

The Request for Proposals to develop the database and user interface was completed and sent out to potential bidders.

Target audience: None

Goals, Outcomes, Objectives:

We experienced a delay with regards to the RFP for the database programming and development of the user interfaces. Working with a consultant, we successfully developed the RFP to meet our needs in a timely manner and to compensate for the delay.

Evaluation: No evaluation activities were completed during this period.

Impacts and Observations:

The project itself is still in development, but as we discuss the future of the project with partners and community members, we have encountered enthusiasm and encouragement.

Planned Activities:

- Contract with a vendor to complete the programming and user interfaces using the prototyping model
- Design the graphics and layout
- Draft usability test questions
- Develop data formatting standards and content collection procedures
- Collect community data, assess process for opportunities for improvement, and draft content maintenance procedures

Quarterly Report

Name of reporting institution:

Mary Lanning Hospital Library
Ella Rathod, Librarian
715 North Street Joseph Avenue
Hastings, NE 68901

Project: PDA in Healthcare Education and Training

Name of person submitting report: Ella Rathod

Email address: erathod@mlmh.org

Telephone number: 402-461-5291

Reporting Period start date: 01-15-2005

Reporting Period end date: 04-15-2005

Publicity:

We had Dr. Daniel Young from Creighton University as our speaker and we had fliers and write up in the hospital newsletter "scanning." I will email you the publicity pieces again.

Complete an [Outreach Reporting Form](#)

1. After much research, six PDA's, dDII Axium X50V were purchased. Two for Creighton Nursing Faculty, two for Radiologic technology Faculty, one for the librarian and one for the Education Department head. we also purchased one executive keyboard with Bluetooth wireless technology and one presentation bundle.
2. We as a committee meet every Thursday at 3:00pm learning and sharing various features of PDA.
3. Whitney Davison-Turley and Thomas Gibbs from NN/MCR technology liaison from Kansas City met with the committee on Feb. 18th, 9:00am-12:00pm and showed us the basic PDA's features and how it can be used for educational purposes. We videotaped the program, so we can refer back to it.
4. Dr. Daniel Young from Creighton University was our luncheon speaker for Physicians, nurses, healthcare workers, educators and IT staff. We had a successful program on march 24th.

Other accomplishments:

Dr. Daniel Young afterwards spent some time with committee members and answered our questions. We are learning to download software and have downloaded Epocrated essential. Dr. Daniel Young demonstrated Epocrated Essential for his program. To encourage the hospital staff to use their PDA's, Mary Lanning Hospital has purchased some Epocrates RX pro for the physicians and Nurse Practitioners.

We have great cooperation from our IT department. The department head had announced that he did not have enough staff to support PDA technology. However, they are very supportive of us and have updated our computers, installed new software compatible to Lotus Notes. They have also purchased one PDA for one IT staff person and she is helping us with various questions and

problems. The good news is that the hospital administration of the hospital approved a new staff person for IT. Now, they can support the PDA technology.

Target audience:

We are excited about the response from the administration, hospital staff, physicians and the faculty. many of the healthcare workers are very eager to learn the new technology.

Goals, Outcomes, Objectives:

We are looking forward to many ways of integrating the use of PDA into college training. Our group session has been very beneficial to learn from each other. The in-house funding of one IT person devoting her time to us has been extremely helpful.

Evaluation:

We have done Pre-Survey of usage. All of us committee members had very little knowledge about the PDA. We are learning a great deal and how we can benefit from it.

Impacts and Observations

PDA excitement in the hospital is catching on. Our two vice presidents have also bought PDA's. We have been sharing articles we come across with each other. We try to learn something new at our weekly meeting.

Planned Activities:

Our next step is to learn the blue tooth technology, practice with the presentation bundle, research and purchase software for teaching.

Also, we will do program for the students, hands-on with PDA and how they can benefit from using PDA's in their learning.



USING HANDHELD DEVICES IN CLINICAL PRACTICE

**Featured speaker: Dr. Daniel Young, Creighton
University Medical Center**

Date: Thursday, March 24, 2005

Time: 12:00p.m. – 1:00 p.m.

**Place: Mary Lanning Hospital
Conference Room 1**

**Physicians and Mary Lanning Staff
are welcome to attend**

**This program is being offered through a grant
from the National Library of Medicine.**

**No registration necessary
Questions – Contact Ella Rathod Ext. 5291**

A Story from the Public Does anyone remember?

It was March 1st, 1971, a man and his wife were in a car wreck on Broken Bow and he was transported to Mary Lanning as he was in very, very critical condition and had already received Last Rites at Broken Bow. My mom, my husband, and I arrived in the middle of the night and were met at the front door by your wonderful personnel and taken up to him. The ICU was under renovation but we were allowed to pretty much come and go as we pleased. William "Bill" E. Burke went through five brain surgeries to relieve pressure on his brain from bleeding. He had a trac, a broken ankle and I can't remember what else. He was in a coma for approximately one month. Then, when he woke up, he was transferred to Broken Bow to see if he could recover enough to go to Omaha (which he did)

We were given blankets and pillows, and stayed in the Waiting Area. We were given phone calls that came in and I just can't even begin to say how wonderful he was treated! We actually prayed for him to die because the prognosis was so horrible. But, like the song by Garth Brooks, "Thank God for Unanswered Prayers" He is a newlywed and has a tiny three-month-old baby girl. He is living, laughing and walking!

My mom was such a basket case and wouldn't settle down, or sit down, or heaven forbid even sleep. One of the doctors was so concerned about her he gave her a shot to sleep, and actually put in a bed down the hall from Bill in ICU and told her to get some sleep. But 10 minutes after the doctor walked away, here she came. When the doctor came back a little later, he was shocked and said "I gave her enough to almost put a cow to sleep!"

The staff at Mary Lanning was wonderful not only to my brother but to all our family. If anyone remembers this story please contact me. I would love to talk with you. Thank you so much!

God Bless,
Sandi Weickum
1708 Avenue F
Gothenburg, NE 68938
smweickum@atojet.net

BREAKING NEWS! Winners of the Basket Raffle



PUBLIC NOTICE

The Joint Commission on Accreditation of Healthcare Organizations will conduct an accreditation survey of **MARY LANNING MEMORIAL HOSPITAL** on **April 11th - April 15th, 2005.**

The purpose of the survey will be to evaluate the organization's compliance with nationally established Joint Commission standards. The survey results will be used to determine whether, and the conditions under which, accreditation should be awarded the organization.

Joint Commission standards deal with organization quality, safety-of-care issues, and the safety of the environment in which care is provided. Anyone believing that he or she has pertinent and valid information about such matters may request a public information interview with the Joint Commission's field representatives at the time of the survey. Information presented at the interview will be carefully evaluated for relevance to the accreditation process. Requests for a public information interview must be made in writing and should be sent to the Joint Commission no later than five working days before the survey begins. The request must also indicate the nature of the information to be provided at the interview. Such requests should be addressed to

Division of Accreditation Operations
Office of Quality Monitoring
Joint Commission on Accreditation of Healthcare
Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Or
Faxed to 630-792-5636
Or
E-mailed to complaint@jcaho.org

The Joint Commission's Office of Quality Monitoring will acknowledge in writing or by telephone requests received 10 days before the survey begins. An Account Representative will contact the individual requesting the public information interview prior to survey, indicating the location, date, and time of the interview and the name of the surveyor who will conduct the interview.

This notice is posted in accordance with the Joint Commission's requirements and may not be removed before the survey is complete.

Date Posted: March 7, 2005

Educational Session: March 24, 2005 Using Handheld Devices in Clinical Practice

Plan to join in this one-hour information session on the various uses of handheld electronic devices for physicians and clinical staff. Dr. Daniel Young from the Creighton University Medical Center will be at Mary Lanning from Noon to 1:00 p.m. as the featured speaker for this educational session. Physicians and MLMH staff are encouraged to attend. The event will be held in Conference Room #1. This program is being offered through a grant from the National Library of Medicine. No pre-registration necessary. Any questions please contact Ella Rathod at ext. #5291.

SCANNING Mary Lanning is produced twice monthly by the Mary Lanning Public Relations & Communications Department. Your announcements and departmental information is encouraged for inclusion in SCANNING. Please submit all information to Lisa Brandt or Holly Olsen for inclusion in the next newsletter edition.

Mobile Computer Technology in Healthcare

Daniel O. Young, MD
danieloyoung@hotmail.com
Assistant Professor of Medicine
Creighton University Medical Center
March 24, 2005

Introduction

- Mary Lanning Memorial Hospital
- Financial Disclosure
- Background
- Platforms
- Devices
- Case Applications
- Interesting Features of Handheld Computers
- What is being done in healthcare elsewhere?
- Review/Comments/Questions

Medical Software Bundles

- ePocrates
 - Rx – Free drug reference
 - Dx – Griffith's 5 Minute Clinical Consult
 - Lab – Reference lab information
 - Formulary – Formulary information
- Merck Medicus Mobile
 - <http://www.merckmedicus.com>
 - See next slide



Background

- 1999: Medical Informatics elective
- 2000: Started Internal Medicine residency
- 2003: Started Chief Resident year in IM
- 2004: Research Faculty, Nephrology Division
- 2005: Fellow, Washington University

Mobile Computer Technology

- We've been using "handheld devices" in healthcare for a long time
- Examples: phones, glucometers, stethoscopes, otoscopes, ophthalmoscopes, etc.
- Handheld computer use is relatively "new" to clinical medicine (mid-90s)

Platforms

- Palm OS
 - PalmSource
 - Most popular and prevalent software for handhelds and smartphones in the world today
- Windows CE/Pocket PC
 - Microsoft Corp.
 - Used in Pocket PCs, portable media centers, and smartphones.



PDA Manufacturers (March 2005)

- Palm Devices
 - palmOne
- Pocket PC Devices
 - ASUS
 - Dell
 - HP (Compaq)



Case Demonstrations of Select Types of Applications

- Although I will feature my favorites, my focus is on the type of software being demonstrated and its educational use.
- I will be using a piece of software called **Pocket Controller** to replicate my handheld's screen on my laptop for viewing.

A word about medical software for handheld computers...

- Freeware
 - As the name implies
 - ePocrates Rx, Archimedes, many others
 - More prevalent for the Palm OS
- Shareware/Commercial
 - Will ask for or require a fee for use of the app
 - Griffith's 5 Minute Clinical Consult, many others
 - Equally prevalent between Palm OS & Pocket PC

CASE #1

CASE #1

- An order was placed to deliver an antibiotic to an elderly woman admitted for urosepsis.
- Prior to administering the (oral) antibiotic, the patient's daughter asks if it will interact with any of the patient's other medications.
- ABX: Levofloxacin
- Meds: HCTZ, Ramipril, Tums

ePocrates Rx

Free Drug Reference for
Palm and Pocket PC devices
(CASE #1)

CASE #1

- Resolution: A call is placed to the ordering healthcare practitioner changing the order to avoid any potential medication errors.



CASE #2

CASE #2

- A radiologist technician student is given an assignment to image an elderly gentleman with a suspected vertebral body fracture.
- The patient tells the student that he might have a disease called multiple myeloma.
- The student is interested in learning more about multiple myeloma while the films are being developed and read.

Griffith's 5 Minute Clinical Consult

General Medical Reference
(CASE #2)

CASE #2

- Resolution: After viewing plain films, an MRI is ordered to further delineate whether the compression fracture is a result of his suspected myeloma or just a benign compression fracture.



CASE #3

CASE #3

- ▶ A nursing student is completing work in the Oncology clinic and reviewing some initial chemotherapy orders for a patient with colon cancer.
- ▶ The student sees BSA listed as a parameter used to calculate the doses prescribed and is interested in learning more about calculating body surface area.

Archimedes

Free Medical Calculator
(CASE #3)

CASE #3

- ▶ Resolution: The chemotherapy regimen was corrected for the appropriate BSA.

Medical Software Bundles

- ▶ ePocrates
 - Rx – Free drug reference
 - Dx – Griffith's 5 Minute Clinical Consult
 - Lab – Reference lab information
 - Formulary – Formulary information
- ▶ Merck Medicus Mobile
 - <http://www.merckmedicus.com>
 - See next slide



Merck Medicus

Mobile Version featured
(Wireless Version also recently released)

A word about the use of portable medical information...

- ▶ I never advocate for the information stored on any type of computer to be used as a substitute for clinical judgment.
- ▶ The practice of medicine is a balance between science, clinical judgment, and practicality.
 - Mobile computer technology can assist all 3.

Interesting Features of PDAs

- ▶ Phone capabilities:
 - CDMA or GSM/GPRS
 - SMS/MMS messaging
- ▶ Wireless capabilities:
 - Wi-Fi (802.11b)
 - Bluetooth
- ▶ MP3 Player/Portable Media Device
- ▶ Camera functionality
- ▶ Video capability
- ▶ Biometric security (iPaq 5455)





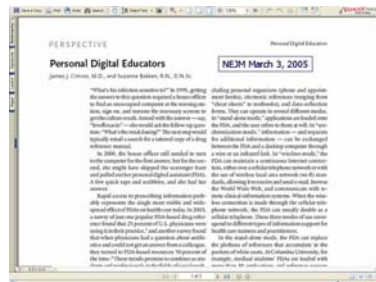
What else is being done with PDAs?

- ▶ Large scale
 - Patient Keeper
 - <http://www.patientkeeper.com>
- ▶ Small scale
 - Project LARA at CUMC
 - <http://pathology.creighton.edu/lara>



Review

- ▶ My Background
- ▶ Different Platforms: Palm versus Pocket PC
 - Different Devices: Palm versus Pocket PC
 - Smartphones and Blackberries = competitors
 - "If it's on the web, it's on my device."
- ▶ Case Applications featuring software classes
- ▶ Additional interesting PDA features
- ▶ More broadscale use of PDAs in healthcare



Comments/Questions

- ▶ Thank you very much for inviting me to share with you my knowledge.
- ▶ <http://www.danielyoung.net>
- Handheld Computing Resources



PDA grant pictures from Mary Lanning Hospital Library, Hastings, NE. Dr. Young and Ella Rathod.



PDA grant. Mary Lanning Memorial Hospital, Hastings, NE. Committee members with Dr. Dan Young



One more picture of the committee members with their PDA's. Mary Lanning Memorial Hospital Library

PRE - PDA USAGE SURVEY

You are a:		Check one
Faculty Member		
Creighton School of Nursing		
Mary Lanning School of Radiologic Technology		
Staff Member		
Librarian		

What type of PDA do you use?		
Palm		
Handspring		
Sony		
Other		
I do not use a PDA		

If you are purchasing a new PDA, what features would you look for?		Check all that apply
Enough memory		
Compact size		
Rechargeable		
Color screen		
External keyboard		
Expansion card		
Multimedia capabilities		
Wireless access		
Other		

If you use a PDA, how long have you used a handheld device?		
Less than one month		
One to three months		
Three to twelve months		
1 to 3 years		
More than 3 years		

If you use a PDA, how often do you use the device?		
Less than weekly		
Weekly		
Several times per week		
Daily		

How do you use your handheld device?		
Email		
Web browsing		
Microsoft Word/Excel		
PowerPoint presentations		
Drug information		
Bibliographic information		
Electronic journals		
Scheduling/Calendar		
Tracking		
Address book		
To-do-list		
Note taking		
Evaluations		
Other		

What additional uses would you like to learn regarding your PDA?		

What are the barriers to your using the PDA more effectively?		
Lack of comfort		
Lack of knowledge		
Lost memory		
Unreliable software		
Unreliable hardware		
Lack of technical support		
Lack of useful projects		
High cost		
Lack of interest		
Other		

What is your preferred method for learning new PDA skills?		
Group orientation to new programs or equipment		
Troubleshooting sessions		
Self-exploration / on my own		
Web-based tutorial		
Periodic listserv updates / postings		
Peer group		
Other		

POST - PDA USAGE SURVEY

You are a:		Check one
Faculty Member		
Creighton School of Nursing		
Mary Lanning School of Radiologic Technology		
Staff Member		
Librarian		

What type of PDA did you use?	
Palm	
Handspring	
Sony	
Other	

From your use of a PDA, what features do you feel were or are important?		Check all that apply
Enough memory		
Compact size		
Rechargeable		
Color screen		
External keyboard		
Expansion card		
Multimedia capabilities		
Wireless access		
Other		

How long did you use your handheld device?	
Less than one month	
One to three months	
Three to twelve months	

How often do you use the device?	
Less than weekly	
Weekly	
Several times per week	
Daily	

How did you use your handheld device?		
Email		
Web browsing		
Microsoft Word/Excel		
PowerPoint presentations		
Drug information		
Bibliographic information		
Electronic journals		
Scheduling/Calendar		
Tracking		
Address book		
To-do-list		
Note taking		
Evaluations		
Other		

What additional uses would you like to learn regarding your PDA?		

What were the barriers for using the PDA more effectively?		
Lack of comfort		
Lack of knowledge		
Lost memory		
Unreliable software		
Unreliable hardware		
Lack of technical support		
Lack of useful projects		
High cost		
Lack of interest		
Other		

What is your preferred method for learning new PDA skills?		
Group orientation to new programs or equipment		
Troubleshooting sessions		
Self-exploration / on my own		
Web-based tutorial		
Periodic listserv updates / postings		
Peer group		
Other		

Quarterly Report

Name of reporting institution:

Poudre Valley Health System
Gerald Carlson, Medical Librarian
1024 South Lemay Avenue
Fort Collins, CO 80524

Project: MEDLINE in the Mountains

Name of person submitting report: Susannah Wright

Internet email: smw2@pvhs.org

Telephone number: 970-297-6720

Reporting Period start date: 12-01-04

Reporting Period end date: 2-28-05

Publicity: None

Complete an [Outreach Reporting Form](#): None

Other accomplishments: None

Target audience: None

Goals, Outcomes, Objectives: None

Evaluation: None

Impacts and Observations:

The community library partners working on the Medline in the Mountains project are experiencing challenges in getting patrons to come into the library for training sessions on how to search for medical information.

We are proposing several new strategies for marketing Medline in the Mountains and engaging community members in this project.

Planned Activities:

The Red Feather Lakes Library will host a mini health fair, at which the Medline in the Mountains project will be promoted. Providing assistance with the health fair will be: public health staff from the Larimer County Department of Public Health and Environment, graduate students from Colorado State University's Department of Food Science and Human Nutrition, and community health staff from Poudre Valley Health System. These individuals will conduct blood pressure checks, provide general health assessments, and offer basic information and education on a variety of health topics.

The Red Feather Lakes Library will also offer two community walking events. At these walks, volunteers will wear pedometers that are available for check out at the library. When the walk is over, librarians will show patrons how to look up additional information and questions on MedlinePlus and other online resources.

A series of health education seminars will be offered in Wellington and Red Feather Lakes. Dr. Janice Weixelman, who has clinics in these communities, has agreed to conduct the seminars. Topics will include Keeping Fit, High Altitude Sickness, and Senior Wellness, etc. At these events, library computers will display the Medline in the Mountains website, and librarians will give out lists of online resources for health information. At the conclusion of the talk, library staff will be available to help patrons conduct searches.

Quarterly Report

Name of reporting institution:

Stauffer Health Sciences Library
Lenora Kinzie
Stormont-Vail HealthCare
1500 SW 10th Street
Topeka, KS 66604

Project: Timely Texts 24/7

Name of person submitting report: Lenora Kinzie

Internet email address: kinzie@stormontvail.org

Telephone number: 785-354-5806

Reporting Period start date: 01-01-05

Reporting Period end date: 03-31-05

Publicity: Online grant funds were mentioned at various employee orientations.

Complete an [Outreach Reporting Form](#) NONE

Other accomplishments: NONE

Target audience: NONE

Goals, Outcomes, Objectives: NONE

Evaluation: NONE

Impacts and Observations: NONE

Planned Activities:

- Contact Stat!Ref for current offering and pricing list.
- Solicit input from medical and nursing staff.
- Get on track with grant and reporting!

Quarterly Report

Name of reporting institution:

Arizona Health Sciences Library
University of Arizona
P.O. Box 245079
Tucson AZ 85724-5079

Project: Tribal Connections Four Corners

Name of person submitting report: Jeanette Mccray

Email address: jeanette@ahsl.arizona.edu

Telephone number: 520-626-6143

Reporting Period start date: January 1, 2005

Reporting Period end date: March 31, 2005

Publicity:

Tribal Liaison Report (Pat Bradley)♣

January 19 & 20. Promoted TC4C and NLM products at the Native Diabetes Prevention Conference in Phoenix AZ with the University of Arizona outreach librarian.

January 14, 2005. Posted Calendar of Upcoming Events to Quick Place.

The Tribal Health Connections website is now an "expired domain."

March 28. A newsletter was completed and sent to Roy Sahali at the University of Washington for posting on the Tribal Connections website. Once the newsletter is posted, e-mail notification will be sent to subscribers.

Outreach:

Sent in directly via the MCR website or included in the Contacts database, per Claire Hamasu.

Other accomplishments:

Introduction

The purpose of this two-year project is to capture the lessons learned by the partners of the Tribal Connections Four Corners (TC4C) in their collaboration to improve health information access to the Native Americans in the Four Corners region of the United States.

I. Description of Progress toward the Project's Major Objectives**A. Administrative/Planning Activities**

Progress made by the 4 workgroups this quarter:

Contacts Working Group (John Bramble)♣

The Contact Management Database Subgroup reports on license issues, contact record development, training of database users, and the maintenance of the database software. The Tribal Connection Four Corners Project continues to use the ACT For the Web 6.0 software to track contacts made during the course of the project and including names, organizations, mailing addresses, telephone numbers, email addresses and contact histories. The release of a newer version of ACT in early 2005 may make it impossible to purchase new licenses thus add new users to access the database after the second quarter of FY 2005-2006. All TC4C partners have been notified of this issue. There are 15 licenses/users: 13 standard level users, 1 administrator level user, and 1 systems level user. Of these users there are 5 active users, not including the systems level user. There currently are 88 contacts in the database, 6 Groups, and 8 Subgroups. Over the course of the post activation of the database, there have been 5 training sessions, which covered a basic introduction to the topography and how to enter a contact's information and create groups/subgroups. Of the 13 standard level users, 5 have participated in one or more of the training sessions. All 13 users have been asked to contact the trainer, John Bramble of the University of Utah, set up times for the basic training session or to contact him directly if they had any questions or problems. The Spencer S. Eccles Health Sciences Library is responsible for the maintenance of the ACT For the Web database. 5 users reported obvious software issues of similar nature, such as slowness and template problems. All issues were reported to the systems personnel and have been resolved or not reported on again. All users have been encouraged to report any abnormalities to John Bramble.

Effective practices working group♣ (Siobhan Blackwell)

The Effective Practices Group reevaluated their submission to the online Effective Practices Collection <http://www.nationalserviceresources.org/epicenter/>. The record remains as written. The group made plans to meet in May to develop a guide for others to use so they can enter their projects into this database as well. Once this guide is developed, we will work to assist others in building the database.

♣ Four Corners GoLocal Working Group (Paul Bracke)

The group has continued to make steady progress in moving the GoLocal project closer to launch. All states are now represented in the database, and the number of records continues to grow. There are currently 232 sites in the Four Corners GoLocal database, and additional records are being copied from the Arizona GoLocal database. This will push the site to 300 service providers, with additional services being entered on an ongoing basis. As soon as the copying of Arizona records is completed, the site will be evaluated against test cases developed by NLM to assess its readiness for launch. Additionally, a budget was prepared for project funding available through the South Central RML.

- Needs assessment Working Group (Pat Bradley)

Needs assessment surveys were conducted at the following facilities:

January 4--Ignacio CO

January 4--Towaoc CO

February 9-Blanding UT (medical staff),

February 11-Crownpoint NM,

February 17-Fort Defiance AZ

March 2-Gallup NM (pharmacists)

March 4-Gallup NM (physicians)

March 7-Tuba City AZ (nurses)

March 11-Shiprock NM (nurses)

March 23-Gallup NM (physical therapists & nurses).

150 surveys have been collected thus far with a few e-mail surveys yet to be entered.

Survey data has been put on to spreadsheets and turned over to the evaluator for compilation.

Tribal Liaison Report (Pat Bradley)♣

Continued to serve as the facilitator for the Needs Assessment work group.

Telephone conference calls were held on January 11 & 25, February 8 & 22 and March 8 & 22, the minutes of which are posted in Quick Place.

January 19 & 20. Promoted TC4C and NLM products at the Native Diabetes Prevention Conference in Phoenix AZ with the University of Arizona outreach librarian.

January 14, 2005. Posted Calendar of Upcoming Events to Quick Place.

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March 28. A newsletter was completed and sent to Roy Sahali at the University of Washington for posting on the Tribal Connections website. Once the newsletter is posted, e-mail notification will be sent to subscribers.

Administrative Report♣

Our evaluator has expended the funds designated for the project without having gotten the analysis done. The revised date for completion is June 30th. Jeanette McCray is working with Claire Hamasu to identify additional funds.

Likewise we are attempting to extend the project beyond the March 31st deadline in order to cover at least part of the time between the end of this project and the beginning of the next phase of TC4C

A planning group has been put together to develop and write a proposal for the next phase of TC4C. If successful, the next phase will focus on addressing the issues raised by the needs assessment.

B. Publicity/Marketing Activities: None.

C. Product/Resource Development Activities: None.

D. Site Visits/Training/Demonstration Sessions/Presentations (Include description of the sites and target population)

See report of Needs Assessment Working Group above.

E. Exhibits
None.

II. Loansome Doc/Document Delivery Activities
No activity.

III. Evaluation Activities
See report of Needs Assessment Working Group above.

IV. Problems/Corrective Actions. Lessons Learned/Significant Feedback
Nothing to report.

V. Projected Activities for Next Quarter
APRIL – JUNE 2004

Complete analysis of needs assessment♣ surveys

Develop and submit a proposal for the next phase of TC4C♣

♣ Seek a no-cost extension of this project in order to continue visiting sites

Prepare for final reports♣

VI. Reporting Forms for Training/Demonstration Sessions
and/or Exhibit Reports

Sent in directly via the MCR website or included in the Contacts database, per Claire Hamasu.

Target audience: None.

Goals, Outcomes, Objectives: None.

Evaluation:

Needs assessment Working Group (Pat Bradley)

Needs assessment surveys were conducted at the following facilities:

January 4--Ignacio CO

January 4--Towaoc CO

February 9-Blanding UT (medical staff),

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Our evaluator has expended the funds designated for the project without having gotten the analysis done. The revised date for completion is June 30th. Jeanette McCray is working with Claire Hamasu to identify additional funds.

Impacts and Observations: None.

Planned Activities:

APRIL – JUNE 2004

Complete analysis of needs assessment♣ surveys
Develop and submit a proposal for the next phase of TC4C♣
♣ Seek a no-cost extension of this project in order to continue visiting sites
Prepare for final reports♣

Quarterly Report

Name of reporting institution:

J. Otto Lottes Health Sciences Library
University of Missouri - Columbia

Project: Enhancement of the FPIN Librarian

Name: Deborah Ward

E-mail: warddh@health.missouri.edu

Phone: 573-882-7033

Reporting Period start date: January 1, 2005

Reporting Period end date: March 30, 2005

Publicity and Outreach:

Article "The role of expert searching in the Family Physicians' Inquiries Network (FPIN)" was published in JMLA. See attached article.

Accomplishments:

Board meeting (1/11/05) at which go-ahead was given to proceed with patient information product, with publication in Evidence Based Practice Newsletter. It was decided that we would have four articles ready to publish before any articles were published. In this way, we would have material needed in advance and could stay ahead of publication schedule. The final version of the first article, which was published in the Evidence Based Practice Newsletter, January 2006, is included.

IDS Meeting in which we continued to work on our information delivery system and differentiate it from the editorial management system and the questions management/indexing project.

Target audience:

Librarian Team continues to meet. See attached minutes.

Goals, outcomes, and objectives:

1. Create online training program for librarians involved in CI process. **Completed.**
2. Define a credentialing program for medical librarians working as CI c-authors. **Dropped.**
3. To develop a prototype for the patient information element of the CI. **Completed.**
4. To formulate a plan for the writing of the pt info elements and getting them published. **Completed.**

Evaluation:

Evaluation method team created to work on the evaluation of the patient information articles: Tonya Wolff, Executive Director; Deb Ward, Vice President for Information

Resources, Loren Becker, Strategic Planning Committee, and Nancy Davis, AAFP Liaison. Evaluation will begin three months after publication of the first article.

Impacts & Observations:

Lessons learned from difficulties in meeting production schedules for Clinical Inquiries gave us some wisdom about how to create a cushion for the patient information articles.

Planned Activities for next quarter:

Board meeting, continuing development of the consortium, 3rd Annual Meeting of FPIN Librarian Community at MLA, revisions of MLA CE Course, based on evaluations.

Longer range plans:

Hire a departmental librarian at the University of Chicago, who will accept the FPIN Librarian Team Leader role. The librarian, Kristin Hitchcock, was hired in late August and began work in September, 2005. See position description and FPIN Librarian Team Leader transition documentation, which took place in December, 2005. The consortiums' next project will be a unified curriculum for scholarly writing, and three of the modules will be developed and taught by FPIN Community Librarians.

Thank you:

We wish to thank NN/LM for providing the funds to assist the development of the FPIN Librarian Community. Without your support, the community would not be nearly as strong as we are today – over 85 members, with regular meetings of the FPIN librarian team, and over 200 Clinical Inquiries in publication. Thanks again!

Librarian Team Meeting Minutes for January 10, 2005

Present: Jim Henderson, Sarah Safranek, Arlene Weismantel, Jill Mayer, Beth Tweed, Joan Nashelsky, Susan Meadows, Deb Ward

Liaison Reports

Jim had no report from McGill.

Sarah said she and other UW librarians are working on FPIN searches for several Family Medicine residents.

Arlene said the MSU librarians have been working on CI1 and CI2 searches for other institutions.

Beth at Colorado is in between searches right now. She said one of their researchers at the Center for Computational Pharmacology is submitting a grant later this month which would include a component to develop a search engine to help with her FPIN searches.

Jill said that all is going smoothly in North Carolina. She spoke to seven librarians at Duke University recently and four of them plan to join FPIN this year with the other three hoping to join next year.

There is a librarian in Charlotte who wants to join as well. Jill is going to Salisbury this week to meet with a librarian there who will likely join. One of the original NC librarians, Julie Richardson, has had to withdraw from FPIN activities.

Susan told the group that Jill had written a nice brief article about FPIN for a statewide newsletter.

Librarian Coordinator

Joan reported that we have now published 188 CI-1s and 14 CI-2s.

She is working on clearer instructions for running CI2 searches. Susan and a few other librarians who have done these searches will critique the instructions which will be placed at the website. After working with a few new CI2 librarian searchers, it has become clear that the documentation for CI-2s needs to be enhanced.

A new article recently appeared in BMJ which may be of interest to the group:

Montori VM, Wilczynski NL, Morgan D, Haynes RB; Hedges Team.

Optimal search strategies for retrieving systematic reviews from Medline:

analytical survey.

BMJ. 2005 Jan 8;330(7482):68. Epub 2004 Dec 24.

PMID: 15619601 [PubMed - in process]

This article is available full text through either BMJ or PubMed Central.

Information Resources

10/14/2005

Deb sent the FPIN Board Report on Information Resources to Tonya last week for the January 11 board meeting and she will send copies to the Librarian Team. She is wrapping up the Patient Education pilot project under the NN/LM grant. They would like to publish the patient information in the EBP Newsletter as an insert or possibly in some other format. Janet Hale (MU) will write the first one with Jean Blackwell (UNC) as her librarian support person. Deb views this as a good next step for the organization.

Librarian Team Leader

Susan had included attachments of proposed changes to the diagnostic hedge with the meeting agenda and asked for comments. There was some discussion about whether or not to include “outcomes” as this concept seems to fall more into the area of prognosis. Jim also asked about “screening” and Susan asked if the group thought this should be a separate hedge rather than an adjunct to diagnosis as it has been in the past. Jill suggested that we include a sample question for each of the examples of diagnostic strategies. Beth thought it would help us to learn if we spelled out more details. Jim said that he thought what had been done so far looked good.

Susan’s action plan for the hedges is as follows: she will remove “outcomes” and incorporate it into some kind of explanation; she will continue with an example showing a diagnostic testing search; she will create a screening hedge. These will be sent to all team members for final discussion at the February meeting. After looking at many examples of diagnostic search hedges, Susan feels that FPIN’s hedges are the best for offering tips.

FPIN Office

No report this month—all were preparing for the FPIN Board Meeting the following day and no one attended this meeting.

Next meeting—February 7, 2005 at 2pm Central.

Librarian Team Meeting February 7, 2005

Present: Beth Tweed, Reed Lowry, Arlene Weismantel, Joan Nashelsky, Karen Knight, Deb Ward, Susan Meadows, Jill Mayer

Liaison Reports

Colorado—Beth will soon begin two new FPIN searches.

Chicago—Reed had nothing new to report.

Michigan State—Arlene said that two searchers are waiting on clinician searches in order to do their CI-2 searches and one MSU librarian is working on a CI-1 search.

Organizational members—Karen has no searches in process but has been working on the prognosis hedge.

North Carolina—Jill said things have been quiet but they are working on a few CI searches.

Librarian Coordinator Report

Joan reported that we have now published more than 200 Clinical Inquiries, both CI-1s and CI-2s, though most have been CI-1s.

The FPIN librarian community now has 77 members.

Two of the FPIN librarians will be teaching CE courses at the MLA meeting in San Antonio. Karen Knight will teach CE601, "The Librarian's Role in Information Mastery: assessing the Usefulness of Clinical Information" from 8-5 on Saturday, May 14. Karen will teach this class along with two University of Virginia physicians and the course will focus on critical appraisal of articles. Terry Ann Jankowski from the University of Washington will teach CE 300, "Becoming an Expert Searcher", also from 8-5 on Saturday, May 14. This course will be aimed at newer searchers and will teach expert searching skills using PubMed.

Deb, Susan and Joan went to the University of Cincinnati Feb. 1-2 to work with new librarian members there. They worked with the librarians on FPIN searching techniques and an introduction to FPIN and the Clinical Inquiries. It was a good experience for all and both groups, learners and instructors, learned from each other.

VP for Information Resources Report

Deb reported that she, Susan and Joan had also met with the Family Medicine department at the University of Cincinnati. They are new FPIN organizational members and their chair, Jeff Susman, is the editor of JFP. She talked to them about the relationship between the librarians and the department which can be strengthened by FPIN work. She also showed them the portal on the FPIN website with examples of how this can be customized for institutions to allow them easy access to electronic

resources available through their libraries.

Deb reminded the group that these training trips to visit librarians in North Carolina, Washington, Syracuse, New York and Cincinnati have been made with NNLM grant funds. This funding will terminate at the end of February. The grant has also made possible the patient education project which Deb spearheaded. The patient information will appear as inserts in future EBP Newsletters.

In order for the FPIN librarians to meet at MLA, the choices seem to be either Monday or Tuesday evening at 6pm. This year we will have a one hour meeting with snacks instead of dinner; a brief report on activities and a chance to socialize. Deb said that MLA prefers that informal meetings are held from 7-9am but she prefers evenings. Several others agreed with that plan and Susan asked which people on the team will attend MLA and several will, with others unsure yet.

There was some discussion about the FPIN meeting at MLA. Susan asked the group if a brief “how-to?” would be useful, maybe using Power Point slides. Jill said that a review of uploading documents to the EMS would be helpful. Susan suggested that we might be able to do something at MLA which could be used as a “train-trainers”. Several people mentioned that it is good to meet FPIN colleagues and just get reassurance that they are following the process correctly. Susan asked how many people had teleconferencing capabilities in their institutions and most said that they did.

Deb said that Susan had recently mentioned that it would be nice if we could have a kind of “grand rounds” for FPIN searchers, especially for CE credit. The latest word from MLA is that they have not yet decided if there will be other specializations besides consumer health. This will be a topic of discussion at the MLA meeting in the spring but was not covered in the recent midwinter committee meetings. The FPIN librarians have wanted to pursue some educational activities for our members that might lead to some type of certification but we cannot move forward on this without MLA endorsement.

Librarian Team Leader Report

Susan had included with the agenda for the meeting attachments with the revised diagnosis hedge; an annotated example using this revised diagnosis hedge; and Karen’s prognosis hedge.

Jim Henderson had suggested at the January meeting when there was initial discussion of the proposed changes to the diagnosis hedge that “outcomes” might skew the results and not necessarily fit with this particular hedge. Susan removed that statement from the revised hedge and instead added it as a “pearl for searching” when one is looking for outcomes associated with a particular diagnosis. She had also added in “algorithms” as a search term she has found to be useful.

Jim had also suggested that we create a supplementary “screening” hedge which Susan thinks is a good idea. She has not had the opportunity to develop this hedge yet. She encouraged all members who are working on diagnosis questions to try out this revised hedge and provide feedback. Susan is still working on the diagnostic testing hedge and hopes to have something by the next meeting. This hedge appears to be challenging to develop.

Karen led the discussion on the prognosis hedge example. She looked at as many other prognosis hedges as she could find. Although she looked at the Hayne’s filters, she did not include all of the terms used in them. Karen described this hedge as early in the stages of development and would appreciate tips and feedback. Susan suggested adding some floating subheadings and Karen will do that and send out a second version. Joan will ask Laura Wilder at UT Southwestern for feedback on that version when it is available. Laura had several FPIN searches on prognosis topics a few months ago and found that these searches required extra effort and creativity.

The next meeting will be **March 7, 2005 at 2pm Central.**

Joan Nashelsky, MLS
Managing Editor and Librarian Coordinator
Family Physicians Inquiries Network
Joan@fpin.org

Librarian Team Meeting March 7, 2005

Present: Reed Lowrie, Sarah Safranek, Karen Knight, Susan Meadows, Deb Ward, Beth Tweed, Jim Henderson, Jill Mayer, Joan Nashelsky, Heather Stewart, Tonya Wolff

Liaison Reports

Sarah is working on a CI-1 search now. The UW is having a CI Writing Workshop on April 22 and she will be one of the instructors.

Jim said that nothing seems to be going on with FPIN right now at McGill. There is a medical manpower crisis in Quebec and the department faculty has been affected by that. Tonya pointed out that Martin Dawes, the Family Medicine chair, is focusing on FPIN's activities with PEPID. Librarians are not currently working with PEPID so Jim would not be doing FPIN searches for this. Deb said she was happy to have some discussion of PEPID at our meeting and asked if Cortni could demo the program at a future Librarian Team meeting.

Reed is waiting to hear back from the clinician author on his CI and hopes to take another search soon.

Karen has no FPIN searches at the moment, but continues to work on the prognosis hedge.

Jill said that the UNC library renovations are complete and today was the ribbon-cutting ceremony. She offered to send links to photos to the Librarian Team members.

Librarian Coordinator

Joan reminded the team that FPIN now has a Leadership Page on the website. Members can log in and find minutes of the LT meetings as well as a roster of FPIN librarians. Joan has added MeSH terms to all of the published CIs which have been indexed in MEDLINE so far. The 2005 citations are still pending.

VP for Information Resources

Deb has requested a two hour meeting slot from MLA and is waiting to hear back from them. She is having difficulty getting answers and wonders if it is because we are not a SIG. She may talk to MLA about getting SIG status. It would mean that we would have to include non-FPIN librarians at SIG meetings. She expects to follow up on this topic at our April meeting.

Deb has recently discussed with Susan and Joan that we need to find ways to help our FPIN librarians refine their skills. She wanted to bring this idea up with the Librarian Team before bringing it to the full membership. This might be a topic for discussion at the MLA gathering and even on the listserv. We

need to help newer librarians with filtering skills. We want our time at MLA to be a content-rich meeting.

Deb and Susan have helped Bernard and Tonya write a position description for a University of Chicago librarian for the Department of Family Medicine. This librarian will also have a leadership role in the FPIN librarian community. The position should be posted soon and it is possible we may talk with candidates at the MLA meeting. Tonya offered to send the position description to the LT members.

Librarian Team Leader

Susan has not had a chance to work further on the diagnostic hedges since our last meeting. She has been working closely with several new FPIN librarians and finds that some of them seem to think that using the hedges is a cookie cutter approach to searching, which is not the case. Deb pointed out that with the availability of various end user options for searching MEDLINE, she sees newer librarians doing fewer searches than before and they can't be expected to have the depth of experience that was common in the past.

Joan read to the group the comments Laura Wilder of UT Southwestern had given on the prognosis hedge and there was some discussion of these comments. Laura suggested that we add "clinical" to "natural\$ or disease\$" in line 4 of the proposed prognosis hedge, which all agreed was a good suggestion. Laura was unsure about the use of "compare\$" in line 7. Karen realized that she had meant to truncate this term as "compar\$" in order to pick up "comparative study" since this line was written to pick up some of the various kinds of studies such as cohort, longitudinal and others. She will make that correction. Laura also suggested that we add the MeSH term "time factors". She pointed out that Ann McKibbin considers this to be a preferred term for prognostic searches. There was discussion about adding this term as well as any MeSH terms which have to do with survival. Deb asked if "quality of life" is a MeSH term and should it be included if the topic of the search would make that term useful to the results. The group suggested that Karen might add notes and tips to her hedge and show what terms will be included in an explosion. We set a goal of having the hedges ready in time for MLA. We decided there should be two meetings in April in order to have enough time to meet this goal.

Susan said that she found this discussion of MeSH terms to be extremely valuable. She asked the group what they thought about putting out a "dummy" search and everyone could provide feedback on how to approach it. Several people spoke in support of this idea. Deb said it would be great if we could make this eligible for CE credits but we don't yet have a way to do that.

FPIN Office

Tonya described the upcoming IDS (Information Delivery System) Meeting which will be held in Columbia, MO from March 20-22. The group is trying to develop an improved search engine to make FPIN information more readily available. Susan, Joan and Deb are members of this committee and will attend the meeting.

Heather will also be part of the UW Clinical Inquiry Writing Workshop in Seattle on April 22.

The next meeting will be Monday, April 4 at 2pm Central. There will also be a meeting on Monday, April 18 at 2pm Central.

Joan Nashelsky, MLS
Managing Editor and Librarian Coordinator
Family Physicians Inquiries Network

**Information Resources Report
Deb Ward**

The Librarian Team continues the work begun with the development of the librarian training package by having interested librarians use it at their workstations. A site visit to the University of Cincinnati is being planned for February.

Joan Nashelsky continues to follow up on contacts from individuals seeking information about the Librarian Community. The Librarian Community now has about 75 members.

The Librarian Team met only once this quarter. Discussion items included the diagnosis hedge, the librarian participation in the writing workshops held at Wisconsin and East Tennessee, and Deb reported on the October Board Meeting.

More substantive issues dealt with were Joan Nashelsky's reports on the duplicate detection system and Joan's work with the indexing section at the National Library of Medicine regarding indexing consistency for the FPIN Clinical Inquiries. NLM is working with Joan to increase indexing consistency so that we can improve the retrieval of the FPIN content in MEDLINE.

Work continued this quarter on the patient information initiative. The recommendations of the working group follow this report.

Watch for the publication of an article about the FPIN librarians: "The role of expert searching in the Family Physicians' Inquiries Network (FPIN)" in the January 2005 issue of the *Journal of the Medical Library Association*. Authors are Ward, Meadows and Nashelsky.

1-11-05

Recommendations for FPIN Patient Information Articles
Model and Implementation
By Jean Blackwell, MaryAnn Ewigman, Janet Hale, Valerie King,
Carmen Strickland, and Deb Ward
December, 2004

The model we developed for presenting findings of FPIN Clinical Inquiries is attached on next page. The articles could be published as a removable insert in *Evidence Based Practice Newsletter* and stored electronically for access through the FPIN web site.

Implementation Process:

Topics which have already been published as Clinical Inquiries should be reviewed by the clinicians on the work group to determine which topics should be available in the patient information format. The two physicians on the planning group could identify the first twelve topics for an easy start, and make recommendations regarding other topics.

Topics of interest to patients, but those that are not worthy of a Clinical Inquiry, could be identified as a second stage. If considered desirable by the consortium, topics could be voted on in voting booths similar to those used for the CI process.

Articles should be authored by a nurse who is a skilled patient educator, and reviewed by the original CI clinician author. The ideal would be to have one or two nurse authors doing this for consistency. We have identified a retired nurse patient educator who is willing to write 1-3 articles per issue.

A librarian should assist by identifying relevant resources and web links for the article. The ideal would be to have the same one or two librarians doing this for consistency. The librarian's time per topic would be about an hour, and could be worked into the credit system. We have librarians in the consortium with expertise in consumer health information, and we have a librarian who has committed to work with the patient educator for the initial phase of development, which would probably be about one year.

Three articles should be written before publication begins so that there would be a three-article cushion at all times to cover busy periods when the team could not produce articles.

The author and librarian working on the articles should be listed as at least contributors, if not authors, of the material. The *EBP Newsletter* Managing Editor would coordinate topics and due dates for the articles.

Cost for each article is estimated at \$50-\$120 each. (2 - 4 hours at \$25 - \$30 per hour). Patient information in the newsletter has the potential of increasing subscriber base for the *EBP Newsletter*.

Evaluation of the articles' effectiveness should be done after six months by the consortium in order to determine changes or continuation.

IDS Retreat **March 20 - 22, 2005** **Agenda**

March IDS Retreat Goals:

- Is the Baby System adequate for our current needs?
- How adequate with the Toddler system be for our needs and when can we implement it?
- Is the plan for development of successive systems approximating our ideal working?
 - Is it too much work to develop and launch each iteration?
 - Is the pace of development keeping pace with our needs?
 - Is Tetsuya going to continue development of our system, if so can we continue to support him or another graduate student monetarily?
- What are the other options for acquiring an adequate indexing and information retrieval systems?
- Timeline & Tasks

Sunday – March 20, 2005

Location: University of Missouri, Engineering West (EBW 222)
Agenda

Time	Leader	Plan
3:00-3:30 pm	Jennifer-	Introductions and Review of Agenda Accomplishments in 2004 <ul style="list-style-type: none"> • Review of the master project list • Review of the IDS Committee Group
3:30-4:00 pm	Jennifer-	Discussion Description of Presentations Goal: Assess existing database systems for utility and adaptability to the IDS tasks.
4:00-5:00 pm	Susan/Joan-	Librarian Presentation/Demonstration of Databases & Indexing Systems TRIP, Clinical Evidence, Cochrane, DynaMed, InfoRetriever, UpToDate, Pier Discussion & Feedback
5:00-6:00 pm	Jennifer (Jeff)-	Clinician Presentation/Demonstration of Databases & Indexing Systems PEPID, InfoRetriever, (DynaMed, UpToDate, Clinical Evidence), MetaMapping (Jeff) Discussion & Feedback
6:30 pm	Dinner & Discussion	Location: Grand Cru (2600 S. Providence Rd.)

Monday – March 21, 2005

Location: University of Missouri, Engineering West (EBW 222)

8:00-8:30 am	Jennifer-	Introductions (Coffee & Bagels) Review of Agenda for day Review of Previous Afternoon's Discussions and Presentations
8:30-9:00 am	Jennifer-	Review of the Fetal/Baby IDS Systems (Grid Overview Handout) <ul style="list-style-type: none"> • What was/is the data in the database? • What was/is the current user interface? • What was/is the output? • Fetal logistics/ Baby logistics (Review Logistics Grids)
9:00-9:30 am	Cortni & Tetsuya-	Demonstration & Feedback of the Baby IDS System (Please come w/ your concerns)
9:30-10:00 am	Chi-Ren-	Review of the planned Toddler IDS System Grid Overview Handout w/ Discussion Discussion & Feedback

Continued...

10:00-10:15 am	Break	
10:15-10:45 am	Sandy, Joan & Tetsuya-	Duplicate Questions System Demonstration
10:45-11:15 pm		Discussion of Search Engines
11:30-1:30 pm	Lunch-	Walking to Flat Branch Discussion about Group Membership/Meetings
1:30-2:00 pm	Tonya-	Resource identification & logistics review (Lanit)
2:00-3:00 pm	Jennifer-	Review of Information Presented & Discussion of Possible Implications -How they might affect Toddler IDS plans -Whether we want to consider a commercial product -Will we continue with developmental rollouts or should we concentrate on an "ideal" system Adjustments that need to be made if any Overall plan Review of features/functionality
3:00-3:30 pm	Jennifer-	Tentative IDS Plan for 2005-2006
3:30-4:00 pm	Jennifer-	Summary of the day- Tentative timeline identification- & subgroup/individual task identification.
6:00 pm	Dinner	Sophia's
Tuesday – March 22, 2005		Location: Cucina Sorella (22 N. 9th St.) -Breakfast
8:00-8:30am	Bernard-	Overview of Board & review of IDS Message to Board
8:30-9:30 am	Jennifer-	Review and summary of overall plan Review individual project goals/timelines Next Meeting Plan

The role of expert searching in the Family Physicians' Inquiries Network (FPIN)*

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Objective: This article describes the contributions of medical librarians, as members of the Family Physicians' Inquiries Network (FPIN), to the creation of a database of clinical questions and answers that allows family physicians to practice evidence-based medicine using high-quality information at the point of care. The medical librarians have contributed their evidence-based search expertise and knowledge of information systems that support the processes and output of the consortium.

Methods: Since its inception, librarians have been included as valued members of the FPIN community. FPIN recognizes the search expertise of librarians, and each FPIN librarian must meet qualifications demonstrating appropriate experience and training in evidence-based medicine. The consortium works collaboratively to produce the Clinical Inquiries series published in family medicine publications.

Results: Over 170 Clinical Inquiries have appeared in *Journal of Family Practice (JFP)* and *American Family Physician (AFP)*. Surveys have shown that this series has become the most widely read part of the JFP Website. As a result, FPIN has formalized specific librarian roles that have helped build the organizational infrastructure.

Conclusions: All of the activities of the consortium are highly collaborative, and the librarian community reflects that. The FPIN librarians are valuable and equal contributors to the process of creating, updating, and maintaining high-quality clinical information for practicing primary care physicians. Of particular value is the skill of expert searching that the librarians bring to FPIN's products.

BACKGROUND

The Family Physicians' Inquiries Network (FPIN) is an international, not-for-profit consortium of academic family physicians, family medicine residency programs and departments, health sciences librarians, medical informatics specialists, computer scientists, other primary care providers, and consultants dedicated to using information technology to improve health care. FPIN authors provide brief evidence-based answers to actual clinical questions from practicing clinicians. These questions are voted on by their peers for their clinical value and are published with answers as the Clinical Inquiries in the *Journal of Family Practice (JFP)* and the *American Family Physician (AFP)*. FPIN emphasizes the promotion of evidence-based practice and provides opportunities to faculty and residents in family medicine residency programs to participate in scholarly activity through writing and reviewing Clinical Inquiries. FPIN is endorsed by a number of family medicine organizations, including the American Academy of Family Physicians (AAFP).

History of Family Physicians' Inquiries Network (FPIN)

FPIN was conceptualized in May 1998 as part of a grant application to AAFP from the Department of Family and Community Medicine at the University of Missouri-Columbia (MU). The grant supported the establishment of a family medicine-based research center at MU: the Center for Family Medicine Science. In April 2001, FPIN was incorporated as a self-governing mutual benefit corporation with a governing board and president, independent of MU's Center for Family Medicine Science. MU became the first of seven initial FPIN founding members, who made a five-year commitment and contributed the equivalent of one full-time physician per year in effort (Appendix A). FPIN has thrived as a grassroots community of health care professionals and health sciences librarians with a goal of creating change in the culture of medical practice.

FPIN community mission

FPIN is a community of inclusion that is committed to engaging every organization and all qualified individuals who wish to join. At the present time, the primary participants in the network are family medi-

cine departments, family medicine residency programs, and health sciences librarians and health sciences libraries. As the community grows, participants benefit from the contributions of practitioners asking questions, providing clinical perspective, and participating in research. A primary focus is on writing reviews and publishing them in the Clinical Inquiries series. In addition, new initiatives are underway, including new types of publications, collaboration with other medical information providers, and development of an information delivery system for FPIN's products. Future goals include answering critical questions necessary to translate research into practice at the point of care and tailored to the needs of primary care physicians and practice-based research networks. A plan for identifying questions that necessitate further research before an adequate answer can be written will provide the family medicine community with direction for additional research opportunities. These efforts will attract a broader membership and further expand the FPIN community as a whole.

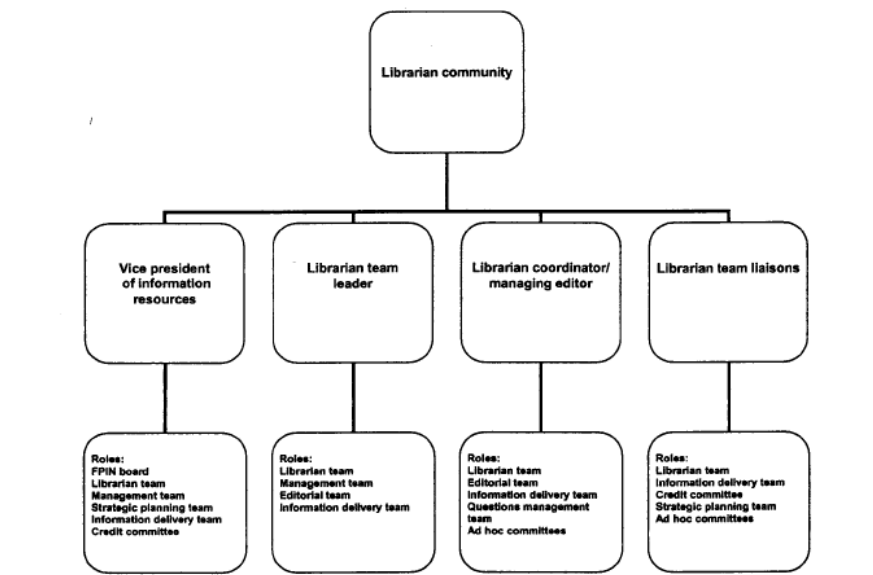
METHODOLOGY

Librarian involvement in FPIN had its roots in the MU Family and Community Medicine Departmental Library, the Missouri Integrated Advanced Information Management Systems Project, and the MU School of Medicine curriculum. The MU Family and Community Medicine Department had long ago integrated librarian support into its culture, so inclusion of librarians in the development of the Center for Family Medicine Science was natural. The Family Medicine Department had a long history of study in question framing, query development, and question categorization. The early stages of what would become FPIN centered on the study of question refinement and time requirements for finding answers to questions [1-7]. Librarians participated in these efforts, which were published in a paper that became known as the "Just-in-Time" study [8]. Out of that study, the physicians developed an appreciation for information-seeking skills and the time required to find the best information.

The FPIN librarian team emerged from a core group of three MU librarians, who met to discuss issues relevant to creating a more effective method for information delivery at the point of care. As the form of publishing Clinical Inquiries developed, the librarians developed a process that yielded uniform quality and produced bibliographies based on a search hedge. Librarians from other institutions tested the model, and their input led to refinements. By October 2001, the

* This work was supported in part by a National Network of Libraries of Medicine grant, "Enhancement of the FPIN Librarian Community."

Figure 1
Organization of the Family Physician's Inquiries Network librarian community



team was ready to recruit other interested librarians, and they invited participation through a fall meeting of three chapters of the Medical Library Association (Midcontinental, South Central, and Southern Chapters).

An effort of this magnitude could not be accomplished without consortium staff. In September 2001, a membership coordinator was hired, and, in February 2002, the first librarian was hired. The librarian's responsibilities were split between librarian support and managing editor functions to facilitate publication of the Clinical Inquiries. The role of executive director grew from that of membership coordinator and is now supported by two additional staff members. These staff members provide support for the activities of the FPIN librarian community as well.

A significant landmark for the FPIN librarian community was the recommendation by an ad hoc group of librarians, informaticians, and physicians from the University of Missouri and the University of Washington, approved by the editorial team in spring 2002, to list librarians as coauthors of the Clinical Inquiries. This decision was based on the concept that expert searching by librarians added a quality component to the entire process. Performing systematic searches of the literature required a good deal more time than did

the typical clinical question search, thus librarian searchers received recognition for their contributions.

Pairing the librarians with clinician authors at the same institution is a logical way to connect the librarians and their institutions' family medicine residency programs. This local partnering strengthens the librarians' service to a constituent group and frequently leads to activities that further enhance their relationship. FPIN also welcomes participation from qualified librarians whose family medicine programs have no FPIN ties. These librarians are partnered with clinician authors in other institutions and use email and telephone to carry out their work. The role of the librarian as expert searcher has led to additional roles such as process design consultant, instructor, Web page editor, and partner with clinicians in the transition to a new culture of evidence-based practice.

Organization of the librarian community

The FPIN librarian community consists of volunteer librarians from a number of institutions (Figure 1). They are geographically dispersed and have relationships based on a sense of common purpose and collegiality. Communication is facilitated through an email discussion list; coordination of the Clinical In-

quiries is provided by the librarian coordinator/managing editor; and planning is carried out by the librarian team and their link to the FPIN board through the vice president for information resources.

The extent to which librarians have been woven into the structure of the FPIN organization is evidence of the librarians' value. The vice president for information resources is a library director at a resource library of the National Network of Libraries of Medicine (NN/LM). She is a member of the FPIN board, the management team, the librarian team, the credit committee, the strategic planning committee, and the information delivery system committee (IDS). She participates in infrastructure development and policy decisions and serves as advisor to the librarian team.

The librarian team leader, a practicing clinical librarian in family medicine, provides leadership for the activities of the librarian team, which meets on a monthly basis via teleconference. She is responsible for training and mentoring new FPIN librarians as they become accustomed to their roles in FPIN, and she coordinates all FPIN librarian activities related to development of the evidence-based search hedges and search processes in support of the Clinical Inquiries. The team leader works closely with the vice president for information resources and the librarian coordinator/managing editor to help guide the policies and work of the librarian community. She is a member of the FPIN management team, the editorial team, and the IDS executive committee.

FPIN also supports a full-time librarian coordinator/managing editor, who performs a broad range of functions, including: assigning and tracking librarians, expert searching to support the Clinical Inquiries, editing and reviewing references, indexing the Clinical Inquiry topics, and archiving all of the librarians' search strategies. In this role, she supports the work of the expert searchers. She assumes a more comprehensive role as managing editor of the production process from author assignment to the point at which the FPIN associate editor receives the completed work. While the librarian coordinator and managing editor roles are quite distinct, the two areas do overlap, which greatly facilitates the entire process. As a librarian, expert searcher, and managing editor, this individual adds to quality assurance in identifying issues concerning potential accuracy and publication rights at the outset. The librarian coordinator/managing editor serves on the librarian team, the editorial team, the IDS, and several ad hoc committees.

The librarian team currently consists of these three individuals joined by one liaison from each of the founding member departments and one librarian from the community at large. This group of ten individuals has been crucial to the development of librarians' processes and initiatives. The team emerged from the original core group that grew to include a wider range of voices from the community and achieved a dual purpose: providing broad-based input into the growth of the librarian community and strengthening librarian involvement in the consortium. Members of the

team also participate in consortium-wide activities, serving on the IDS, the strategic planning committee, and the credit committee.

RESULTS

The FPIN librarian community has grown over the last four years to include more than fifty members from all parts of the country as well as the United Kingdom and Canada and from both academic health sciences libraries and hospital libraries. Ninety-four percent of these librarians are associated with departments that are FPIN members; others are affiliate members whose institutions are not FPIN members. One librarian works for the BMJ Publishing Group's *Clinical Evidence*, providing a conduit for information exchange between the two groups and giving FPIN its first international participant. The recent addition of McGill University as a founding member brings Canadian librarians into FPIN as well.

All librarians must meet the qualifications of education and experience described on the FPIN Website: two years of experience searching electronic databases and Internet resources, including MEDLINE, applicable to FPIN searches; a basic understanding of evidence-based medicine; experience performing clinically oriented searches for point-of-care questions; and a master's degree in library science. Because these librarians are experienced searchers who have a foundational understanding of evidence-based medicine, they create a strong cadre of support and quality for the Clinical Inquiries.

For some librarians, participation in FPIN has led to other opportunities, and these activities are regularly reported at the librarian team monthly meetings. Librarians in North Carolina and Washington have become involved in departmental instruction in evidence-based medicine and the process of writing evidence-based summaries. The family medicine department at one institution has begun to support a portion of a librarian's salary, and this practice is being considered by others. The FPIN librarian team leader has copresented continuing medical education programs for evidence-based medicine alongside family medicine faculty at regional and national meetings. Both the FPIN librarian team leader and the FPIN librarian coordinator/managing editor team-taught "Writing Clinical Inquiries" with physicians at the 2003 annual meeting of the North American Primary Care Research Group (NAPCRG).

The University of Washington's PrimeAnswers project <www.primeanswers.org> has partnered with FPIN in creating the portal for the FPIN Website. PrimeAnswers, a National Library of Medicine (NLM) information technology grant project, is a simple, context-sensitive Web interface to a filtered set of content designed to make it easier and faster for primary care physicians to find answers to questions in their daily management of patients. The FPIN portal has been based on the PrimeAnswers' research and development, and this effort is acknowledged at the portal.

Librarians elsewhere are beginning to report that their participation in the consortium is a catalyst for improved relations with their local family medicine departments, and they have gained local recognition for the librarians' search and evidence-based medicine expertise.

CLINICAL INQUIRIES

More than 170 Clinical Inquiries have been published in *JFP* since the series began in January 2001. From an initial offering of two per month, the number is six per month as of this writing, with a goal of eight to ten per month in 2005. At any given time, more than fifty Clinical Inquiries are in various stages of the writing or editing process. An important distinction is that, while Clinical Inquiries are not considered to be systematic reviews, they are produced using a systematic, evidence-based, expert search process.

Librarian coauthors for Clinical Inquiries find that their responsibilities encompass a good deal more than simply doing a search. As a coauthor, the FPIN librarian is obligated to read the entire manuscript and be prepared to assume public accountability for the librarian's knowledge of the search results, the description of the search methods used, the manuscript's content as it relates to the interpretation of the search results by the author, the accuracy of the references, and any other content in the document that the librarian feels qualified to address. Coauthorship recognizes that the librarian's search expertise contributes value through standardization and knowledge of database structures and information retrieval.

Clinician authors review the librarian's search and the best articles it has retrieved as they write the Clinical Inquiries. They have two months to write each Clinical Inquiry and must assign a grade from the Oxford Centre for Evidence Based Medicine to the presented evidence. The format of each Clinical Inquiry consists of a brief, succinct "Evidence-based Answer," which presents the bottom line conclusion up front, followed by the lengthier "Evidence Summary," which reviews and describes the supporting studies. The final portion, "Recommendations from Others," generally summarizes appropriate guidelines or consensus statements. The entire text is approximately 600 to 700 words. Each Clinical Inquiry goes through a non-blinded, peer-review process using volunteer peer reviewers; each also has a brief published companion piece, the "Clinical Commentary," which applies the information to practice. Appendix B shows a sample Clinical Inquiry.

The librarian coordinator/managing editor, assistant editor, and associate editor review the work for accuracy and completeness. The assistant and associate editor roles are held by members of the consortium as part of a credit system, which supports the future sustainability of the effort. Institutions base their membership contribution annually on a mix of work effort and funding, with the incentive that the greater the effort, the lower the membership fee, up to a given

point. While FPIN currently publishes in the traditional journal outlets, this content is copyrighted by FPIN and is made available through other electronic means. In this way, FPIN makes a contribution to the changing scholarly communication paradigm.

In the development phase of FPIN, the librarian team's goal was to create a systematic approach to literature searching that would achieve a standard of uniformity in retrieval and quality of content. The outcome of this work includes the FPIN systematic search protocol, which outlines the required databases, a uniform search strategy with therapeutic and diagnostic hedges, a systematic search process, and a search summary form to provide a structured report submitted to the clinician author.

Search protocol

FPIN librarians run systematic searches against an established list of databases. This "protocol" includes key evidence-based resources identified by librarians and physicians and consists of two database tiers. The first tier contains the databases required for each search, and the second tier contains recommended, additional databases that may be searched based on the librarian's professional judgment. The librarians who developed the FPIN protocol also sought input from FPIN physicians to ensure that the protocol contained the very best resources for evidence-based content.

Search hedge

The FPIN search strategies are hedges designed for evidence-based retrieval of topics related to diagnosis and therapy. The therapeutic hedge was developed by a core team of librarians at MU, based on the work of McKibbon and Haynes [9, 10]. Over time, the search strategy evolved, and it was implemented while working on Clinical Inquiries with clinician authors.

Once the librarian team was officially organized, it drew upon suggestions from librarian experts at the University of Washington, the University of North Carolina, and the University of Colorado, who provided guidance in the development of the diagnostic hedge [11-14]. Based on this input, both hedges were customized for use by searchers on the PubMed and OVID search systems. The end result was a set of systematic search hedges that a librarian at almost any institution could use to contribute search work to the consortium. Complete information on the hedges and the search protocol is available on the FPIN Website <www.fpin.org>. In addition to the diagnosis and therapy hedges, the team plans to develop MEDLINE hedges for topics related to etiology, harm, and prognosis in the near future.

Search process

The librarians run a comprehensive search in MEDLINE, using the appropriate evidence-based search hedge in combination with Medical Subject Headings (MeSH) terms and text-words. Librarians who have access to *Current Contents* also have a specific evidence-

based search hedge. In other required evidence-based sources, such as the *Cochrane Library* and *Clinical Evidence*, the search strategy consists of keywords identified by the searcher. The librarians review the results and structure the output to provide low retrieval with high precision in evidence-based literature.

Search report form

As the systematic search process was developed, it became apparent to the librarian team that a comparable systematic means was necessary for reporting search results, and a search summary form was designed to facilitate reporting. The search summary form is used to provide a means for the librarian to present the search output to the author in a concise, manageable format. This form continues to evolve due to the diverse modes of information delivery that exist in the various institutions where physician-librarian teams work together. For example, the librarians at the University of Washington use a PubMed "cubby" format with links to the full text. This format is different from the Word-based one used by other librarians in the community. An example of the search report form is available on the FPIN Website.

Update process

The librarian team is developing a process to update the published Clinical Inquiries. This effort will include a means for identifying and prioritizing previously published Clinical Inquiries that require updating and then working with the original authors and coauthors as they review the updated literature relevant to their Clinical Inquiries. Currently, the librarian coauthor accepts the responsibility of permanently storing each search strategy for Clinical Inquiries to use in updating, but, with the implementation of the team's update plan, all Clinical Inquiry searches will be stored on a centralized server. An automatic update of each Clinical Inquiry search will be generated, and results will be delivered to the appropriate author, coauthor, and editors. FPIN is launching a new computerized editorial management system that will facilitate systematic generation of updated searches and streamline the updating process. It is anticipated that all Clinical Inquiries will be updated within the next two years.

Clinician and librarian communication

Effective communication with clinician coauthors is a key issue encountered by most librarians. In many instances, librarians work with clinician authors who are located at other institutions throughout the consortium, so maintaining a meaningful flow of correspondence regarding search information can be challenging. To overcome some of these communication challenges, the FPIN librarian coordinator/managing editor makes every attempt to connect librarian searchers with local clinician authors. Additionally, recruitment efforts have been directed at partnering librarians with clinicians at the local level, and this approach has im-

proved communications throughout the production process. Distance, however, is not always a barrier. There are examples of excellent communication between librarian and clinician authors at distant sites that result in successful output. A unique example of this collaborative process was the provision of articles using Loansome Doc to a Clinical Inquiry author who was on active military duty in Iraq.

FPIN LIBRARIAN PROFESSIONAL DEVELOPMENT

In 2002, MU received a grant from NN/LM to further the activities of the FPIN librarian community. Of the project goals, two related specifically to expert searching:

1. to create an online training package for librarians new to FPIN
2. to develop continuing education opportunities that can be included in portfolios for professional advancement

To achieve the first goal, a training program has been developed and tested by a small group of new FPIN librarians. The training program, available at the FPIN Website, guides the new librarian through the communication and search process. The training incorporates the search protocol, hedges, and search summary form and uses practical examples based on an actual search question.

As part of the training program, both the librarian team leader and the librarian coordinator/managing editor serve as mentors to review and discuss search issues with new librarian coauthors. This mechanism has produced positive feedback in terms of identifying issues, questions, and stumbling blocks that the novice FPIN librarian might encounter.

As a quality control measure, the librarian team leader reviews the first three searches done by a novice FPIN librarian. This review ensures adherence to the systematic search process. The team leader reviews the search and provides any necessary feedback to the librarian searcher. When a librarian has performed searches for at least three Clinical Inquiries, the search summaries are then sent directly to the librarian coordinator/managing editor.

Continuing education

The work of the consortium depends on highly motivated professionals who have proven experience in continuing education. This experience is demonstrated by the teaching that librarians provide to clinicians and other librarians. Examples include: The FPIN librarian team leader participated in the Medical Library Association's (MLA's) satellite teleconference on expert searching; two FPIN librarian community leaders prepared a workshop on evidence-based medicine for MLA's annual meeting in 2004; and librarian liaisons from three institutions collaborated to create a series of links from the FPIN Website to educational resources for use by clinicians, librarians, and others.

The role of the expert searcher is thus providing a foundation for librarians as educators.

All FPIN librarians should have a common understanding of evidence-based medicine and its relevant searching and evaluation techniques. The librarian team is exploring several ideas for professional development in evidence-based medicine, which include participating in relevant course work, continuing education programs, journal clubs, other discussion groups, and online instruction. Several FPIN librarians have solid experience in teaching evidence-based medicine in their institutions and could help define standards for continuing education for librarians.

FUTURE ROLES FOR FPIN LIBRARIANS

Answering clinicians' point-of-care questions through the FPIN database will require a large number of Clinical Inquiries. The consortium has created other publications that appear in *AFP* and the *EBP Newsletter*. These publications are shorter in length than the original Clinical Inquiries and have a more focused search of the evidence-based sources. The librarians are engaged in the discussions about the future process and output of the Clinical Inquiries series. New initiatives in FPIN continue to emerge and, with them, opportunities for librarians to be involved and to apply their expertise to support the change of evidence-based medicine from new trend to endorsed practice.

CONCLUSION

FPIN has enhanced the role of the librarian as an expert searcher through its collaborative structure and inclusion of librarians as coauthors for the Clinical Inquiries. New roles for librarians have developed as a result of this experience. The FPIN librarians in general find that their relationships with FPIN clinicians have been enhanced by this collaboration. The recognition of the librarians' value to the FPIN organization has raised the profile of librarianship in an exciting and innovative endeavor.

ACKNOWLEDGMENTS

The authors acknowledge the help and support of Bernard Ewigman, whose vision of answering the "little" questions, sparked the development of FPIN. They also thank the FPIN staff.

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APPENDIX A

Family Physicians' Inquiries Network (FPIN) institutions

FPIN founding member institutions:

- McGill University
- * Michigan State University
- Oregon Health Sciences University
- * SUNY-Upstate Medical University
- University of Chicago
- * University of Colorado
- * University of Missouri-Columbia
- * University of North Carolina
- * University of Washington
- University of Wisconsin
- * Wayne State University
- * Indicates initial founding member

FPIN librarians are located at the following institutions:

- Baylor College of Medicine/Texas Medical Center, Houston, TX
- Charlotte Area Health Education Center (AHEC), Charlotte, NC
- Christiana Care Health System, Wilmington, DE

Clinical Evidence, BMJ Publishing Group, London, United Kingdom
Coastal AHEC, Wilmington, NC
East Carolina University/Eastern AHEC, Greenville, NC

* Family Physicians' Inquiries Network, Iowa City, IA
Forbes Regional Hospital, Monroeville, PA
Greensboro AHEC, Greensboro, NC
Group Health Cooperative, Seattle, WA
Harborview Medical Center, Seattle, WA
Louisiana State University-New Orleans
McGill University, Montreal, QC, Canada
Medical College of Ohio-Toledo
Medical College of Wisconsin-Milwaukee
* Michigan State University-East Lansing
Mountain AHEC, Asheville, NC
Northwestern AHEC, Winston-Salem, NC
Oregon Health Sciences University-Portland
St. Joseph Regional Medical Center, South Bend, IN
Stanford University, Stanford, CA
Tulane University, New Orleans, LA
* University of Colorado-Denver
* University of Missouri-Columbia
* University of North Carolina-Chapel Hill
University of Texas-Southwestern-Dallas
* University of Virginia-Charlottesville
* University of Washington-Seattle
University of Wisconsin-Madison
Wayne State University, Detroit
* Member of FFIN librarian team

APPENDIX B

Example of a clinical inquiry

This Clinical Inquiry was published in the January 2002 *Journal of Family Practice*, page 22.

Clinical question

What is the initial approach to the treatment of undifferentiated shoulder pain?

Evidence-based answer

There is some limited evidence supporting the use of nonsteroidal anti-inflammatory drugs (NSAIDs) in the initial treatment of shoulder pain. There is no evidence in support of most other therapies, including intra-articular or subacromial corticosteroid injection, intra-articular NSAID injection, oral corticosteroid treatment, physiotherapy, ultrasound, heat or ice therapy, laser treatment, electrotherapy, and iontophoresis.

Grade B recommendation based on extrapolation from systematic reviews and randomized clinical trials with inconsistent and inconclusive results

Evidence summary

Because of a lack of uniformity in the definition of shoulder disorders and a wide variation in outcomes assessed in clinical trials, there is limited opportunity to compare and pool the results of individual trials. Even when studies define the disorders and outcomes

similarly, the heterogeneity of the interventions, timing of outcome assessment, inadequate reporting of results, and small sample sizes limit the inference of specific therapeutic recommendations for shoulder pain.

A recent Cochrane Review concluded that there is little evidence to either support or refute the efficacy of most common interventions for shoulder pain [1]. The pooled analyses of 2 studies of rotator cuff tendinitis suggested that NSAIDs may be superior to placebo in improving the range of abduction, but there was no significant weighted difference between pain scores [2, 3]. Another randomized controlled trial [4] found 14-day treatment with oral NSAIDs superior to placebo for relieving acute shoulder pain (86% vs. 56%; absolute risk reduction 30%; 95% confidence interval, 10%–50%).

A randomized single-blind study of primary care patients reported superiority of manipulative therapy over classic physiotherapy in the treatment of shoulder pain (70% vs. 10% cure rate at 5 weeks) [5]. Manipulative therapy as performed by general practitioners or physiotherapists included mobilization and manipulation of the upper spine and ribs, acromioclavicular joint, and the glenohumeral joint. Classic physiotherapy as performed by physiotherapists included only exercise therapy, massage, and physical applications. For the patients with synovial pain, intra-articular corticosteroid injection was superior to both manipulative therapy and classic physiotherapy (cure rates of 75% vs. 40% and 20%, respectively, at 5 weeks), yet many primary care physicians may not have enough experience to specifically diagnose synovial pain.

Recommendations from others

We found no guidelines, recommendations, or consensus statements from specialty organizations on this topic.

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Clinical commentary

Most ambulatory patients with primary nontraumatic shoulder pain have rotator cuff tendonitis. Mild, acute disease usually responds to initial rest from movements that aggravate the pain, followed by a gradual return to full activity as tolerated. Time remains a strong ally in this setting. I have found NSAIDs and corticosteroid injections helpful in reducing pain and improving range of motion, but only in the subacute and chronic forms of rotator cuff tendonitis and osteoarthritis. Physiotherapy, although of uncertain analgesic benefit, may minimize the muscular atrophy and loss of flexibility associated with joint injury. The stud-

ies above specifically address pain arising from the shoulder joint itself. Pain may also be referred to the shoulder from a remote site (as in atypical angina or other intrathoracic pathology). The initial management of shoulder pain requires consideration of such secondary causes as well.

Author information

Clinical author: David Weismantel
Librarian coauthor: Susan Meadows
Clinical commentator: Nicholas Solomos
Associate editor: Bernard Ewigman
Assistant editor: Erik Lindbloom

Summary of NN/LM Grant Activities May, 2005

Development of the Community

We held the first two annual meetings of the FPIN Librarian Community (2003 and 2004) at the Medical Library Association. There will be a 3rd meeting at MLA 2005 in San Antonio. The FPIN Librarian Community now has over 80 members, and approximately 27 will attend the meeting in San Antonio. The 10-member Librarian Team meets monthly by phone, and listservs for the Librarian Community and the Librarian Team facilitate communication. The librarian segment of the FPIN web site has been revamped, and contains information about the community and its role in publishing the Clinical Inquiries. While not grant activities, an article published in the January 2005 JMLA and participation on an MLA panel and teleconference increased our visibility.

Training

A Power-Point training package was developed by Susan Meadows to support librarians new to the FPIN search process. It is on the FPIN web site under Clinical Inquiries. Deb Ward, Susan Meadows, and Joan Nashelsky used grant funds to travel to six sites to conduct training before the grant period ended in February, 2005.

MLA CE Course – 2004

A CE course was presented at MLA 2004 for librarians interested in Evidence Based Medicine, and was attended by 27 participants. Four members of the FPIN Librarian Community assisted as facilitators for that session. The course will be presented twice more at chapter meetings in the fall of 2005.

Certification

This aspect of the project was put on hold when MLA decided to study certification programs. We are still considering working with another agency for certification if MLA does not provide an outlet for this.

Patient Information Project

A working group of 2 physicians, 2 nurses who are patient educators, and two librarians worked on the development of an evidence-based patient summary of the Clinical Inquiries. The models were presented to the FPIN Board, and an implementation plan was developed. Work continues on the patient information initiative, we are into the implementation phase, with publication in the *Evidence Based Practice Newsletter* planned to begin in August, 2005. The work is divided so that the physicians, Valerie King and Carmen Strickland, identify the topics and review the content of the writing for content. Registered nurse and patient educator Janet Hale and Librarian Jean Blackwell research and write the content. Work on the evaluation design will begin in June, so that we will be ready for evaluation in the fall. Lorne Becker, MD and Nancy Davis, Ph.D, have agreed to assist Deb Ward with the evaluation plan. Note pads were created and purchased with grant funds to support the patient information project. Physicians will be encouraged to use them to attach to the articles when giving them to patients.

FPIN Update – September 2005

The FPIN Consortium continues to grow and now includes more than 2500 family physicians in 22 family medicine departments and 78 residency programs. The FPIN librarian community includes more than 80 medical librarians. The consortium infrastructure and staff resources, consisting of four full-time staff, continue to be centered in Columbia, Missouri.

FPIN offers workshops and training sessions in teaching clinical scholarship throughout the year at member institutions and during the spring STFM meeting, the national MLA meeting, the AFMRD PDW conference, and various MLA regional meetings. Such sessions include answering questions at the point of care, conducting an effective peer review, efficient and effective writing for publication, writing for the handheld, in-depth editors' workshops, the librarian expert medical search CE course, and developing programs for resident research and faculty development. FPIN volunteers and staff have given 20 such presentations in the past year.

FPIN offers its members the opportunity to publish in three distinct venues: Clinical Inquiries (CI) in JFP & AFP, the Evidence-Based Practice newsletter, and the PEPID Primary Care Plus point of care resource. Each requires a different level of scholarship and editorial review to encourage family physicians from a broad range of talents and expertise the ability to engage in scholarly clinical work and contribute to the benefit of all.

FPIN is developing an approach for practice-based research networks (PBRN) to develop priority questions for their research initiatives. FPIN staff solicit clinical questions from practicing physicians by e-mail, organize those questions for voting by network physicians through a simple web based "voting booth", then organize clinician/librarian teams to answer the questions based on a systematic review of the literature. Of questions answered in this way, approximately 80% cannot be answered with definite research and are therefore potential research questions. A secondary prioritization survey takes place to establish importance and priority. FPIN plans to develop a National Clinical Questions Panel with 500 practicing physicians and would like to develop three special emphasis panels: inpatient medicine, obstetrics, and long-term care.

**Research Librarian
Department of Family Medicine
The University of Chicago**

General Overview: The University of Chicago, Department of Family Medicine invites applications from individuals for the position of Research Librarian. The Department of Family Medicine Library is to be developed in support of scholarly pursuits; community based clinical research, innovations and practice quality improvements for primary health care. This position will support the programs of the Department, including leadership in the Family Physicians Inquiries Network and have primary responsibility for providing research support, establishing standards and develop operating procedures to streamline reference searches, evaluation and utilization of available systems and services, information technology support, collection management and database development services. Opportunities for participation as a collaborator in research projects, providing training and travel to national meetings will be available. This position reports to the Chair and to the Executive Administrator of the Department of Family Medicine.

Qualifications: Master's degree in library science from an ALA-accredited program required; minimum three years of library experience required; medical library experience with successful supervisory experience preferred; minimum three years of experience with reference searches related to scientific or medical disciplines required; demonstrated ability to work independently with minimal supervision and instructions required; excellent communication and presentation skills required; ability to exercise sound judgment and make recommendations and/or decisions regarding references to support research and responses to clinical questions preferred; ability to network and interact, as well as support effective partnerships, with key interest groups and individuals preferred; knowledge of evidence-based medicine as it relates to literature search strategies preferred.

Setting: The Department of Family Medicine is a leading entity for intellectual contributions to the discipline of family medicine. The Department is the newest department in the Biological Sciences Division at The University of Chicago, created in 2000 and beginning full operation in 2002. The Department of Family Medicine seeks to become a major center for training family physician researchers, conducting seminal research, engaging in interdisciplinary scholarship at The University of Chicago and making a major contribution to the health and well-being of the communities served by the MacNeal Health Foundation. The Department of Family Medicine is a founding member of the Family Physicians Inquiries Network Consortium (www.fpin.org).

Compensation: Salary: Minimum \$50,000/year, with excellent benefits through The University of Chicago. Position available immediately.

Apply online at jobopportunities.uchicago.edu/applicants/Central?quickFind=182963

The University of Chicago is an Affirmative Action/Equal Opportunity Employer.

Transition of FPIN Team Leadership from Susan Meadows to Kristin Hitchcock
Remarks by Deb Ward
December 2005

Those of you who have taken our CE course know that we close with presenting our participants with a poster based on a quote by Yogi Berra:
“When you come to the fork in the road, take it!”

At the FPIN Librarian Team, we have come to a fork in the road, with the transition of Librarian Team Leader from Susan Meadows to Kristin Hitchcock. Susan and Kristin have spent quite a lot of time these last several months reviewing the search protocol, filters, and processes, and the time has come for the actual team leadership to pass from Susan to Kristin. It has been a very intentional process of finding the right person, providing the training, and now declaring that we have confidence in Kristin’s abilities to lead the Librarian Team forward in 2006.

Susan, this is the moment we’ve been dreading, and it is only possible to get through it easily because it isn’t really good-bye. You’ll continue to be a part of the team and on our conference calls, but more importantly, you’ve agreed to serve as advisor to the Librarian Team, so that we can ask for your expert opinion when we need it.

The FPIN development journey has been a rich experience, filled with not just librarian processes and skill-building, but many other issues, and your thoughtful approach has won respect from the physicians as well as the librarians. Your participation has touched the FPIN Consortium as an organization, and the work of your hand will continue to be seen as we go forward.

It is to your credit that we not only taught the CE course at two regional meetings this fall, but you also gave the keynote address at the North Atlantic Chapter meeting in Providence this past fall. I have a gift that I bought for you in Puerto Rico as a personal memento and as a way to say thanks for sharing your time with all of us in the great FPIN adventure. I have enjoyed our working relationship and look forward to that continuing.



**Information Resources
Deb Ward
VP for Information Resources**

- Work continues on the patient information initiative, we are into the implementation phase, with publication in the EBP Newsletter planned to begin in August.
 - Work is divided so that the physicians, Valerie King and Carmen Strickland, identify the topics and review the content of the writing for content. Registered nurse and patient educator Janet Hale and Librarian Jean Blackwell research and write the patient content.
 - The first topic, Calcium Supplements, will be published in the July/August issue of EBP Newsletter.
 - Work on the evaluation design will begin in June, so that we will be ready for evaluation in the fall. Lorne Becker, MD and Nancy Davis, Ph.D, have agreed to assist with the evaluation plan.
 - Note pads were created and purchased with grant funds to support the patient information project. Physicians will be encouraged to use them to attach to the articles when giving them to patients.
- Joan Nashelsky continues to follow up on contacts from individuals seeking information about the Librarian Community. The Librarian Community now has over 80 members.
- Librarian Community leaders used NN/LM grant funds to travel to six sites to conduct training before the grant period ended in February.
- The Librarian Community will meet at the annual meeting of the Medical Library Association in San Antonio in May.
- The Librarian Team has worked on revising the filters for diagnosis and prognosis. We welcome review by interested physicians who wish to give us feedback.
- The Librarian Team is exploring the use of videostreaming and other distance learning technology to support continuing education needs of the librarians.
- As development of the Librarian Community continues, I ask for the departments who have librarians to encourage their librarians to take on active roles in the FPIN organization.

**MLA 2005
FPIN LIBRARIAN COMMUNITY
MAY 16, 2005**

7:00 – 9:00	Sunrise Seminar (Clinical Evidence & others?)
9:00 – 9:45	Dolores Judkins, OHSU
9:45 – 10:30	Sarah Safranek & Leilani St. Anna, UW
11:00-11:30	Michael Venner, Univ. of Wisconsin
12:30 – 2:30	Chapter Council Roundtable Luncheons Deb Ward – Knowledge Management Susan Meadows – Informationist Joan Nashelsky – Expert Searching
4:00 – 4:45	Cathy Montoya, Baylor
6:00 – 7:00	FPIN Librarian Community meeting, Marriott River Center Conference Room 8
7:30	Dinner with FPIN Librarians at the Zuni Grill

Agenda
3rd Annual Meeting - FPIN Librarian Community
MLA, San Antonio, May 16, 2005

- I. Opening of meeting – Deb Ward
 - Welcome and Introductions
 - Packet contents
 - FPIN Librarian Highlights for 2004-2005
 - University of Chicago FPIN Librarian Position
 - PEPID
- II. Librarian Team Activities – Susan Meadows
 - New CI Search Filters
 - Reporting of CI search results
 - Goals for 2005 - 2006
- III. Clinical Inquiries Production Systems – Joan Nashelsky
 - Editorial Management System
 - Information Delivery System
- IV. Questions & Discussion

Librarian Community Highlights 2004-2005

Growth Highlight

The FPIN Librarian Community now has 82 members representing 11 Founding Members; 22 Organizational Members and associates from non-member institutions. We now have members in the United States, Canada and the United Kingdom.

Training

Deb Ward, Susan Meadows and Joan Nashelsky used NN/LM grant funds to travel to several places this last year and offer training on the Editorial Management System (EMS) on the fpin.org website and search training for Clinical Inquiry searches. Below is a list of the places visited and the librarian members who attended. Many thanks for their interest and participation!

**Michigan State University
EMS and CI Searching Q & A
East Lansing, MI
June, 2004**

Attendees:

Arlene Weismantel
John Coffey
Susan Kendall
Michael Simmons
Sheila Bryant

**North Carolina CI Searching Workshop
Chapel Hill, NC
August, 2004**

Attendees:

Jill Mayer
Linda Collins
Jean Blackwell
Leslie Mackler
Lee Kaufmann
Laura Leach

**University of Washington EMS and CI Searching Q& A
Seattle, WA
August, 2004**

Attendees:

Sarah Safranek
Terry Jankowski
Sherry Dodson
Leilani St. Anna
Joanne Rich
Janet Schnall
Ellen Howard
Neil Rambo

**SUNY Upstate CI Searching Workshop
Syracuse, NY
September, 2004**

Attendees:

Eric v.d. Luft
Wendi Ackerman
Jim Capodagli
Bette Jean Ingui
Diane Luft
Kathy Hughes
Peter Uva

**University of Wisconsin CI Writing Workshop
Madison, WI
November, 2004**

Attendees:

Erika Sevetson
Chris Hooper-Lane

University of Cincinnati CI Searching Workshop
Cincinnati, OH
March, 2005

Attendees:

Leslie Schick
Denise Britigan
Charles Kishman
Shelley Paden
Edith Starbuck

Patient Information Project

The Patient Information Project has emerged from planning to implementation. FPIN Librarian Jean Blackwell of the University of North Carolina is working with registered nurse and patient educator Janet Hale on writing patient information based on the Clinical Inquiries for the *Evidence Based Practice Newsletter*. The articles will be reviewed by two physicians, Valerie King and Carmen Strickland, as well as the clinical author who wrote the CI. Thanks to all the members of this team for their work. The two physicians on the team have identified the six topics that will be authored as part of the pilot, while Janet and Jean team up on the writing. The first article on Calcium Supplements will be published in the July-August issue. The development of the evaluation instrument will begin in June, 2005, with input from Deb Ward, Lorne Becker, MD, (Chair, FPIN Strategic Planning Committee) Nancy Davis, PhD., (FPIN Liaison, American Academy of Family Physicians) and Tonya Wolff, FPIN Executive Director.

Questions Management

During this last year, the number of FPIN questions available for authorship has increased dramatically and there are currently nearly 200 questions. More questions are in various stages of processing (voting booths, revisions, duplicate detection) and will become available on a regular basis. The goal of the National Clinical Questions Panel is to steadily recruit questions nationally and provide an ongoing source of new questions.

The Duplicate Checking System (DCS) developed by Joan Nashelsky and Sandy Smith, the FPIN Questions Editor, has been automated in the past year by two very talented programmers at the University of Missouri, Chi-Ren Shyu and Tetsuya Kobayashi. They continue to refine that system and the questions team is working on a more detailed taxonomy to serve as a table of contents for the website in the future.

Indexing the Clinical Inquiries

Nearly all of the more than 225 published Clinical Inquiries now have MeSH terms assigned in the EMS. As the indexing becomes available on MEDLINE, some of those terms assigned are added to the EMS using rules and guidelines which Susan and Joan



Family Physicians Inquiries Network

Certificate of Appreciation

Presented to

Terri Jankowski

In recognition of your involvement in the FPIN Librarian Community
and contributing to FPIN's mission and vision



Deborah Ward

Deborah Ward, M.A., M.S.L.S., AHIP
FPIN - Vice President of Information Resources

Susan Meadows

Susan Meadows, M.A.L.S.
FPIN - Librarian Team Leader



CLINICAL INQUIRIES: PATIENT EDUCATION
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patients**

What Treatments Are Effective for Varicose Veins?

About this disorder:

Veins, which carry blood from the body back to the heart, have one-way valves that prevent blood from flowing backward. If the valves become weakened, some blood can remain in the vein, causing the vein to enlarge and bulge. Smaller congested veins close to the skin are commonly referred to as spider veins. Larger congested veins are found mostly in the legs and are commonly called varicose veins. No one knows the exact cause of congested veins, but heredity, aging, pregnancy, and prolonged sitting and standing may contribute to the problem. As many as 60% of all American women and men have some form of vein disorder, with 41% of all women having abnormal leg veins by the time they reach their 50s.

Whether varicose veins need to be treated is generally up to the individual. Some people request treatment because of the appearance or discomfort of varicose or spider veins. Congested veins can worsen over time, causing sensations of heaviness, cramping, or burning. The most severe cases may cause swelling in the legs and feet, skin ulcers, or blood clots.

How can this disorder be treated?

Options for treating large varicose veins:

- Elevating your legs as often as possible;
- Wearing elastic support stockings;
- Sclerotherapy;
- Surgery to remove the veins;
- Wait and see.

For more information

- American Academy of Dermatology: 1-888-462-DERM.
- Mayo Foundation for Medical Education and Research:
<http://www.mayoclinic.com/health/varicose-veins/DS00256>.
- National Women's Health Information Center:
<http://www.4woman.gov/faq/varicose.htm>.

Options for treating spider veins:

- Sclerotherapy - small needles are used to inject a chemical solution into each varicose vein, causing the vein to close. Blood is rerouted to other veins.
- Laser ablation - sends intense bursts of light onto the veins to seal them off, causing them to dissolve over time.
- Thermal ablation - is similar to sclerotherapy, except the veins are sealed off with an electric current instead of a chemical solution.

Researchers are still evaluating which treatments are most effective for cosmetic and long-lasting results. Surgery is preferred for severe varicose veins. Sclerotherapy is recommended for recurrent varicose veins after surgery. Most of the procedures can be done in an outpatient setting. Talk to your doctor about referrals to specialists who do vein treatment or surgery. You should also ask the specialist how successful treatment might be in your case. You should also know congested veins may return after surgery. Most insurance policies do not cover treatment for varicose veins if it is done only to make you look better, but if you have physical symptoms, too, insurance may cover the treatment.

Doing simple things like elevating your legs, wearing support hose, exercising regularly, keeping your weight down, not crossing your legs when sitting, and eating a high-fiber diet to avoid constipation will help prevent varicose veins and relieve discomfort from the ones you have. Horse chestnut seed extract, an herbal medication, has been shown in smaller studies to relieve symptoms such as pain, tiredness, itching, and swelling in the legs. Further research may be needed, so talk with your physician if you are interested in trying this approach. If you have no symptoms, it is okay to do nothing.

Published in Evidence-Based Practice Newsletter, January 2006

Quarterly Report

Name of reporting institution:

Health Sciences Library
University of New Mexico
MSC09 5220, 1 University of New Mexico
Albuquerque, NM 87131 0001

Project: Four Corners on MedlinePlus

Name of person submitting report: Patricia Bradley

Email address: pbradley@salud.unm.edu

Telephone number: 505-272-0664

Reporting Period start date: 12-01-2004

Reporting Period end date: 02-28-2005

Publicity:

- December 10--Met with the staff at Crownpoint NM Health Center to introduce the TC4C project.
- December 15--Met with the Hopi Health department to introduce the TC4C project.
- December 16--Met with staff at the Tuba City AZ Health Care Corporation to introduce them to the TC4C project.
- December 17--Sent TC4C project information to the Zia NM Tribal Library.
- January 19-20--Promoted TC4C at the Native Diabetes Prevention Conference, Phoenix AZ.
- January 27--Introduced the TC4C project to the Fort Defiance AZ Indian Hospital staff.

Complete an [Outreach Reporting Form](#) No Outreach reporting forms this quarter. One exhibit form will be sent.

Other accomplishments:

December 2-3--Attended the NLM's Symposium on Community-Based Health Information Outreach and post-session on Evaluating Native American Outreach.

December 17--Go Local conference call with TC4C partners.

December 20--Monthly conference call with TC4C partners.

January 6 & 7--Participated in the next TC4C project planning grant session with the Four Corners Library Directors. Gave an update on the TC4C Go Local component.

January 14--Compiled and distributed a list of Events of Interest for the TC4C project group.

January 18--Monthly conference call with TC4C partners.

January 21--Go Local conference call with TC4C partners.
January 28--Met with the Navajo Division of Health and received progress report on their planned resource center/library.
February 9--Introduced the TC4C project to the Utah Navajo Health Systems Corp. (Blanding) with the Utah partner.
February 9--Introduced the TC4C project to the Clinical Director at Northern Navajo Medical Center, Shiprock NM.
February 11--Crownpoint NM interviews.
February 17--Fort Defiance AZ interviews.
February 18--Go Local conference call with TC4C partners.
February 22--Monthly conference call with TC4C partners.
February 24--Go Local conference call with TC4C partners.

Target audience: Insights gained about the target audience include their awareness of information resources and their willingness to identify their needs. Their needs have become much clearer to me during this quarter. The group remains the same.

Goals, Outcomes, Objectives: Problems were encountered contacting the IHS facilities for the scheduling of interviews. Follow-up calls (2-3) were necessary taking more time than anticipated for this process. However, once a confirmed date was secured the process went well at the sites visited thus far. Objectives have not been modified, although the actual process has been modified per site as needed. The needs of the audience are not exactly what I had anticipated. The outcomes are still feasible, but will have to address needs previously not thought of as priority.

TC4C Go Local is now populated with 150 records. The original goal of 300 records is still feasible. Since, we had no idea how many sites there actually are, how easy or difficult it would be to get the information for them and the fact that most of them have to be entered manually into the NLM system.

Evaluation: Surveys of the providers for their health information needs were begun at 8 health care facilities in the Four Corners during this quarter.

During the 12/17/04 TC4C Go Local conference call, the partners began addressing how the TC4C Go Local can be evaluated--including some quantitative measures, group functioning and getting local/tribal input.

Impacts and Observations: There has been a lot of field work this quarter. Observations include that needs vary from site to site and from provider group to provider group. An indicator of success would be that in the site visits, the interviewer(s) was welcomed and interest and responses were mostly positive and forthcoming.

Planned Activities: Future activities will be based upon the needs assessment and final evaluation reports for the TC4C project. Training in Internet resources for health care providers should be included from basic to intermediate.

Quarterly Report

Name of reporting institution:

Utah AIDS Foundation
Stan Penfold, Executive Director
1408 South 1100 East
Salt Lake City, UT 84105

Project: Resource Library Health Outreach Kiosks

Name of person submitting report: Aaron Hansen

Email address: aaron@utahaids.org

Telephone number: 801-487-2323

Reporting Period start date: 01-16-2005

Reporting Period end date: 04-15-2005

Publicity:

I have been distributing UAF Library bookmarks to local public libraries as a marketing activity for all UAF library resources, but this activity is not specific to kiosk services, but has produced a marked increase in web traffic for March and April. This will have an effect on the usefulness of the kiosks when they are installed in their final locations.

The Library itself has been featured in a couple of print venues as well as some radio time. This publicity was centered on a book drive project conducted by a student group at the College of Nursing. Most mention of the UAF and its library services was of a general nature and not specific to the current kiosk project.

Please see the following for applicable links:

http://uuhsc.utah.edu/pubaffairs/pulse_detail.cfm?ID=35061 "Students Selected as 'Health Heroes'"

Six College of Nursing seniors have been honored as "Health Heroes" for their work to collect and donate books to the Utah AIDS Foundation"

<http://www.dailyutahchronicle.com/news/2005/03/28/News/Nursing.Students.Look.For.Books.On.Aids-904748.shtml>

Complete an [Outreach Reporting Form](#): NONE

Other accomplishments:

The first will be installed in the UAF food bank next week. As reported earlier, we have decided to cut back the number of units from 4 to 3 in order to upgrade to the more private units with a small wall around the screen. I believe this will increase the usability of the units in their designated locations. Because of this, I will install the first unit in the UAF foodbank in order to test out the functionality and set up the software properly.

When I have been able to play with the unit and work out any issues with it locally, we will then move the unit to the first off-site location and install a small computer work station in the UAF foodbank. I have emailed a photo of the new kiosk unit for your reference.

I have been spending much of the last couple months making arrangements for the placement of the first two kiosk units. Initial contact with both the Weigand Center in SLC and the Midtown Clinic in Ogden have been contacted and I am still trying to get in and have a site visit with each to determine placement and logistics.

Target audience:

Although I have not done any surveying during this period, I have had some conversations with partner sites and some of them have stated that they have experimented with internet access in the past and that it has been met with some success, but also has exposed some concerns that we need to address in regards to supervision of population at kiosk locations as well as ability for clients to have unlimited access to the internet. I don't believe that this has changed the programs target audience in any way, but I think that there are some issues which should be addressed with each location and its staff.

Goals, Outcomes, Objectives:

Now half way through the project I feel relieved that we finally will have the kiosk to begin working with. I feel that I have had a difficult time getting all the information together in order to get things to progress.

It is difficult to coordinate with multiple other agencies and get them excited to complete the project. I wish that when we received the contract I had worked more quickly on getting (and keeping) the partner agencies in the loop. In addition, there has been some delay in ordering computers for the kiosks, but I think that problem has been worked out. I do feel that I need to work hard this coming month at getting all of the partner locations and providers in on the same page and I would like to meet with and finalize arrangements for the logistical and programming (training and referral orientation) details.

We have been successful in referring clients to the resource library resources over the past few months. Referrals have been done by Seanna Williams, the UAF Case Manager, since October and we have seen an average of 12 new client referrals per month to the library website for further HIV info and research. I think that this referral process can be more structured and a better training should be developed for other client providers at the off site kiosk locations. I hope to work with Eccles in the next coming weeks to develop this training and administer it to all local providers.

In some ways, it might be best that the project has been slow going at first. This will give us the ability to feel it out in-house before extending it to satellite kiosk locations. It will help us ensure the sustainability of the project and the kiosks over all.

Evaluation:

Not many evaluation activities have gone on during this period. We have been evaluating the web site using sitetracker software in order to determine the most frequently utilized pages on the site. I feel that I am about two months behind in getting pre-kiosk surveys going at kiosk locations (other than UAF). I have now adopted the method of treating each kiosk location separately and will work with each one in succession and in order of proximity to UAF.

Impacts and Observations:

For the most part I feel that the partner locations are very excited to provide this service to their clients as well as for their staff. From conversations that I have had with staff, I believe that once we get the kiosks in and begin training the staff and providers, then the project will become much more illuminated as to how it can be the most successful. I look forward to working with the other agencies and bringing this great service to new populations.

Planned Activities:

Activity: Develop training for service providers.

Activity: Develop training for consumers.

Activity: Install Health Kiosks in Salt Lake locations and possibly Ogden as well.

Activity: Provide Health Kiosk training to service providers at SLC kiosk locations.

Evaluation: Pre- and post-tests to training recipients





Nursing students look for books on AIDS

By: [Catherine Callister](#)

Issue date: 3/28/05 Section: [News](#)

Article Tools: [EMAIL](#) [PRINT](#)

Page 1 of 1

Seniors from the College of Nursing are asking U students to donate materials to a book drive for the Utah AIDS Foundation Library.

The books are for people newly diagnosed with AIDS as well as those who just want information about the disease, said Katrina Tonioli, a nursing student collecting the books for a group Service Learning project.

Tonioli said she encourages students to donate materials on any topics related to AIDS including: LGBT lifestyles, health, spiritual healing, emotional healing, self-help and common co-morbidities with AIDS.

Students interested in donating may leave their books in boxes located in the lobbies of the College of Nursing, the School of Medicine, the College of Pharmacy, the biology building, the psychology building and the chemistry building.

Though the School of Medicine has donated books, Tonioli said she hopes to get more donations from students before the book drive ends on April 14.

Catherine Callister



April 4, 2005



Students Selected as 'Health Heroes'

Six College of Nursing seniors have been honored as "Health Heroes" for their work to collect and donate books to the Utah AIDS Foundation. The recognition came last month on 570 KNRS-AM during the Dr. Mobley Health Hour, which is hosted by **Steven Mobley**, M.D., assistant professor of surgery.

Nursing students **George Sowles, Katrina Tonioli, Amber Bogucki, Danielle Neiswender, Jennifer Young, and Lindsay Foster**, also known as "The Bookers," canvassed the U campus, contacting faculty, students, and others in the community to collect books. The students felt that they were successful in increasing community awareness about AIDS, Sowels said.

The project is part of the college's service-learning program that complements nurse leadership courses.



Appendix F

Subcontractor Final Reports

Final Report

Outreach Travel & Training

July 2002 - July 2003

Learning Resource Coordinator
Mid-Missouri Area Health Education Center
1000 W. 10th St.
Rolla, MO 65401

I. Training Sessions & Dates

July 23, 2002 Missouri Rural Health Association, Fayette, Missouri
Hands on training using PubMed

July 31, 2002 Missouri Rural Health Association, Fayette, Missouri
Hands on training using MEDLINEplus.

August 4, 2002
Great Mines Health Center, Potosi, Missouri
Hands on demonstration of PubMed and MEDLINEplus

August 5 & 6th 2002
Fitzgibbon Hospital Family Practice Clinic, Marshall, Missouri
Hands on training - PubMed

October 18, 2002
Cooper County Memorial Hospital
Online demonstration - MEDLINE & MEDLINEplus

Fitzgibbon Hospital, Marshall, Missouri on:
November 12th - Four physicians and five nurses participated
November 13th - Two physicians and six nurses participated

Feb 24 & 25 2003
Fitzgibbon Hospital, Marshall MO
Advanced searching for medical professionals

March 20, 2003
Missouri Institute for Community Health
PubMed and MEDLINEplus demonstration

March 20, 2003
Lake Regional Hospital
MEDLINE training

March 21, 2003
Missouri Rural Health Association & Capital Regional Medical Center
MEDLINEplus training session

II. Detailed List of Training Sites:

Cooper County Memorial Hospital
R R 1 HWY B P O BOX 88
BOONVILLE, MO 65233
District 6

Fitzgibbon Hospital
2305 S 65 HIGHWAY
MARSHALL, MO 65340
District 4

Missouri Rural Health Association
P.O. Box 1681
Jefferson City, MO 65401
District 4

Capital Region Medical Center
1432 Southwest Blvd.
Jefferson City, MO 65102
District 4

Central Methodist College
411 Central Methodist Square
Fayette, MO 65248
District 6

Pettis County Free Clinic now known as Regional Health Clinic in Sedalia
1700 E Broadway
Sedalia, MO 65301
District 4

Great Mines Health Center
600 Purcell Drive Suite B
Potosi MO 63664
District 8

Lake Regional Health System
54 Hospital Drive
Osage Beach, MO 65065
District 4

III. Target Audience

The target audience for this project was health care practitioners working in rural and medically underserved areas of Missouri.

IV. Exhibits Connected with Project

We exhibited at the Missouri Free Clinic Association Conference and the Missouri Rural Health Association Conference.

V. Website development was not a component of this project.

VI. Partnerships

A. Funding for this project allowed us to expand our outreach activities in rural Missouri and to develop partnerships while improving access to current health information. Some of these partnerships blossomed and became long term relationships. A few examples are listed below:

- ❖ Mid-MO AHEC and the Missouri Rural Health Association (MRHA) have partnered on a variety of projects to improve health care providers' access to NLM databases and resources. Links for PubMed and MEDLINEplus are on the MRHA website and we continue to provide training opportunities at MRHA meetings across the state. We are currently working together on a state-wide project that incorporates MEDLINEplus training and the development of white papers on oral, mental and aging issues facing Missourians.
- ❖ Missouri Free Clinics Association continues a close relationship with Mid-MO AHEC. We are both committed to improving healthcare throughout Missouri and work together to achieve that goal whenever possible.
- ❖ We have a strong relationship with Lake Regional Health System and contract to provide library resources and services to health care providers at this facility. Lake Regional has become a core training site for medical students and two previous AHEC supported students have returned to the area to practice as physicians.
- ❖ Pettis County Free Clinic, now known as Regional Health Clinic in Sedalia, and Mid-MO AHEC have developed a strong relationship in part due to this funding. The clinic began as an all volunteer clinic providing health care to the Hispanic population employed by the local Tyson plant. Recently the clinic has transitioned into an FQHC look-a-like expecting full FQHC funding shortly. We are placing a new computer workstation with high-speed internet access in this clinic so healthcare providers have a dedicated workstation to access MEDLINE and MEDLINEplus.
- ❖ Fitzgibbon Hospital in Marshall has become a core training site for medical students in Mid-Missouri AHECs region. Eight-five percent of the physicians with privileges at Fitzgibbon Hospital precept medical students. Bi-annually we conduct MEDLINE and MEDLINEplus training for medical and nursing staff at Fitzgibbon Hospital. Fitzgibbon Hospital is a partner in the MAHEC Digital Library project and our relationship was

enhanced by this initial funding to expose and train health care providers on NLM databases and resources.

- ❖ Great Mines Health Clinic has two full time nurse practitioners that use online health information on a daily basis. We continue to provide library resources and services for this clinic.

B. We encountered a few challenges with this project. Internet speed in rural areas can still be a major barrier in accessing biomedical information. A hospital's desire to keep patient information private can create unnecessary difficulties when accessing health information on the internet. We understand the need for security but closing out internet access to health information should not be a viable solution.

Several physicians that participated in training sessions stated that a lack of time and a lack of basic computer skills coupled with slow internet speed made it difficult to incorporate their training in their daily practice. A common refrain was for clinically focused information that could be accessed in five minutes or less. These comments became the basis for an Internet Access to Digital Library proposal to develop the "MAHEC Digital Library (MDL)".

C. A continued presence in these locations allowed us to develop a long term relationship with health care providers and improved the likelihood that they would use library resources and services.

This outreach training project planted the seeds for a research project that became the MAHEC Digital Library.

Our MAHEC Digital Library proposal was funded by NLM and this year we received another IADL grant to expand the MDL into three additional AHEC regions and several mental health clinics throughout the state. In addition, Missouri Rural Health Association (MRHA) and Mid-MO AHEC are collaborating on a two year National Library of Medicine grant funded project that brings together rural residents and social services/health care professionals in a variety of ways. A primary goal of this project is to improve rural residents' access to accurate health and medical information. Three white papers focusing on mental, dental and elder health issues facing rural Missourians will also be developed as a result of this project. Each of these topics was identified as critical at regional MRHA meetings held through out the state. Online communities are being used to bring together experts to generate solutions for access to care and integration of services problems by promoting cooperation among local and state health and social service professionals. The white papers will be a starting point to begin community dialog on the health issues impacting rural residents. Upon completion of the White Papers we will be conducting community meetings across the state to present findings and engage local communities in the issues.

With expanded funding to carry out outreach throughout Missouri we'd like to release any unused funds and close out this project.